

IN THE UNITED STATES COURT
NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

IN RE: NATIONAL PRESCRIPTION MDL NO. 2804
OPIATE LITIGATION

Case No. 17-mdl-284
Judge Dan Polster

This document relates to:
The County of Summit, Ohio, et al.,
V.
Purdue Pharma L.P., et al.,
Case No. 1:18-OP-45090 (N.D. Ohio)

Videotaped deposition of
ERIC HUTZELL
January 8, 2019
9:09 a.m.

Taken at:
Jackson Kelly PLLC
50 South Main Street Street
Akron, Ohio
Wendy L. Klauss, RPR

<p>1 APPEARANCES:</p> <p>2</p> <p>3 On behalf of the City of Akron, Summit</p> <p>4 County, and the Witness:</p> <p>5 Motley Rice LLC</p> <p>6 ANNIE E. KOUBA, ESQ.</p> <p>7 JAMES W. LEDLIE, ESQ.</p> <p>8 DANIELLE M. SALERNO, ESQ.</p> <p>9 28 Bridgeside Boulevard</p> <p>10 Mt. Pleasant, SC 29464</p> <p>11 (843) 216-9000</p> <p>12 Akouba@motleyrice.com</p> <p>13 Jledlie@motleyrice.com</p> <p>14 Dsalerano@motleyrice.com</p> <p>15 On behalf of Cardinal Health, Inc.,</p> <p>16 Co-Liaison Counsel for the Distributor</p> <p>17 Defendants:</p> <p>18 Williams & Connolly LLP</p> <p>19 BRAD MASTERS, ESQ.</p> <p>20 725 Twelfth Street, N.W.</p> <p>21 Washington, DC 20005</p> <p>22 (202) 434-5000</p> <p>23 Bmasters@wc.com</p> <p>24 On behalf of Teva Pharmaceutical</p> <p>25 Industries Ltd.:</p> <p>Morgan Lewis, LLP</p> <p>WENDY WEST FEINSTEIN, ESQ.</p> <p>MAUREEN K. BARBER, ESQ.</p> <p>One Oxford Centre, 32nd Floor</p> <p>301 Grant Street</p> <p>Pittsburgh, PA 15219-6401</p> <p>(412) 471-3490</p> <p>Wendy.feinstein@morganlewis.com</p> <p>Maureen.barber@morganlewis.com</p> <p>On behalf of Walmart Inc. F/K/A Wal-Mart</p> <p>Stores, Inc.:</p> <p>Jones Day</p> <p>SHIRLETHIA V. FRANKLIN, ESQ.</p> <p>51 Louisiana Avenue, N.W.</p> <p>Washington, D.C. 20001-2113</p> <p>(202) 879-3939</p> <p>Sfranklin@jonesday.com</p>	<p>Page 2</p> <p>1 TRANSCRIPT INDEX</p> <p>2 APPEARANCES:..... 2</p> <p>3 INDEX OF EXHIBITS 5</p> <p>4 EXAMINATION OF ERIC HUTZELL</p> <p>5 By Mr. Masters..... 16</p> <p>6 By Ms. Feinstein..... 265</p> <p>7 By Ms. Franklin..... 304</p> <p>8 REPORTER'S CERTIFICATE..... 320</p> <p>9 EXHIBIT CUSTODY</p> <p>10 EXHIBITS RETAINED BY COURT REPORTER</p> <p>11</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>
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<p style="text-align: right;">Page 15</p> <p>1 THE VIDEOGRAPHER: We are now on 2 the record. The date is January 8, 2019. The 3 time is 9:09 a.m. The caption of this case is 4 In Re: National Prescription Opiate Litigation. 5 The name of the witness is Eric Hutzell. 6 At this time the attorneys present 7 and those attendings remotely will identify 8 themselves and the parties they represent. 9 MR. MASTERS: My name is Brad 10 Masters. I represent Cardinal Health. 11 MS. FEINSTEIN: Wendy West 12 Feinstein, with Morgan Lewis, for the Teva 13 Defendants. 14 MS. FRANKLIN: Shirlethia Franklin, 15 with Jones Day, on before of Walmart, Inc. 16 MS. SWEET: Brenda Sweet, with 17 Tucker Ellis LLP, on behalf of Janssen and 18 Johnson & Johnson. 19 MS. KOUBA: Annie Kouba for County 20 of Summit, City of Akron and the witness, from 21 Motley Rice. 22 MR. LEDLIE: James Ledlie, from 23 Motley Rice, on behalf of the City of Akron, 24 Summit County, and the witness. 25 MS. SALERNO: Danielle Salerno,</p>	<p style="text-align: right;">Page 17</p> <p>1 Q. Good morning, Mr. Hutzell. I 2 introduced myself off the record. My name is 3 Brad Masters. I represent Cardinal Health. 4 Would you please state your full 5 name for the record. 6 A. My name is Eric Gerald Hutzell. 7 Q. And what is your current home 8 address? 9 A. 7415 Westlake Boulevard, Kent, 10 Ohio, 44240. 11 Q. And which county is that in? 12 A. Portage County. 13 THE VIDEOGRAPHER: People on the 14 phone, can you please mute on your end, please. 15 We can hear you typing. Thank you. 16 Q. And have you ever been deposed 17 before? 18 A. No, I have not. 19 Q. So let's go over a few ground rules 20 then about how this is going to work before we 21 get underway. 22 First, when I ask a question, your 23 response needs to be audible, okay? This is 24 going to be recorded -- this is being recorded 25 by a court reporter, and nods are not always</p>

<p style="text-align: right;">Page 18</p> <p>1 seen through on the transcript. 2 Sometimes I might ask a question 3 that's unclear, I certainly will, and if I 4 catch it, I will reword it myself. If I ask 5 you a question that you don't understand, 6 however, please feel free to ask for 7 clarification, okay? 8 We will need to be mindful that we 9 don't speak over each other. So even if you 10 know the question that I'm asking before I 11 finish, please let me finish asking the 12 question so that it can be reflected on the 13 transcript. Once I have finished, then you can 14 feel free to respond. 15 Sometimes other attorneys in the 16 room or on the phone might make an objection. 17 Just because there is an objection does not 18 mean that you shouldn't answer the question. 19 You should answer every question, unless your 20 attorney instructs you not to answer, okay? 21 Do you understand that you are 22 under oath today? 23 A. Yes, I do. 24 Q. And do you know what that means? 25 A. Yes.</p>	<p style="text-align: right;">Page 20</p> <p>1 MS. KOUBA: Object, to the extent 2 that it would ask you to reveal anything you 3 spoke about with your attorneys, on the basis 4 of attorney-client privilege. 5 A. Sorry. I didn't understand the 6 question exactly. 7 Q. So did you meet with any lawyers in 8 preparation for today's meeting? I'm not 9 asking what you spoke about with those lawyers, 10 just whether or not you met with lawyers in 11 advance of today's meeting? 12 A. Yes, I did. 13 Q. How many times? 14 A. Four, including today. Four. 15 Q. Four times. And how long were each 16 of these meetings -- sorry. 17 How long was the first meeting? 18 A. Approximately one hour. 19 Q. And how long was the second 20 meeting? 21 A. The same length of time. 22 Q. And the third? 23 A. Same length of time. 24 Q. And the fourth? 25 A. About the same length of time.</p>
<p style="text-align: right;">Page 19</p> <p>1 Q. What does that mean, to be under 2 oath? 3 A. To be under oath, such as the one 4 that this lady had given me, means that I have 5 to tell the truth. 6 Q. Is there any reason that you might 7 not be able to provide truthful, accurate 8 testimony? 9 A. No, there is no reason. 10 Q. When did you first learn that you 11 were going to be deposed in this case? 12 A. I believe sometime in November. 13 Q. How did you learn? 14 A. I got told that there were two 15 lawyers that wanted to talk to me about this 16 case. 17 Q. Who told you that? 18 A. Jerry, my supervisor. 19 Q. Jerry, what's his last name? 20 A. Craig. 21 Q. And did you prepare for today's 22 deposition? 23 A. No, I have not. 24 Q. You didn't meet with any lawyers in 25 advance of this meeting today?</p>	<p style="text-align: right;">Page 21</p> <p>1 Q. When did the first meeting occur? 2 A. I don't know the exact date, but I 3 believe it was in November. 4 Q. And who did you meet with? 5 A. I met with Annie Kouba, and then 6 Anne, the other lawyer from Motley Rice, but I 7 forgot her last name. 8 Q. Anne Kearse? 9 A. It might be. I don't know her last 10 name. 11 Q. Were there any nonlawyers present 12 in these meetings or in -- sorry. 13 Were there any nonlawyers present 14 in this first meeting? 15 A. No. 16 Q. Did you review -- well, the second 17 meeting, when did the second meeting occur? 18 A. I would say sometimes in December. 19 Q. And who did you meet with for that 20 second meeting? 21 A. The same two lawyers. 22 Q. Any nonlawyers present? 23 A. No. 24 Q. When was the third meeting? 25 A. The third meeting was yesterday.</p>

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<p style="text-align: right;">Page 22</p> <p>1 Q. And who did you meet with?</p> <p>2 A. The lawyers from Motley Rice that</p> <p>3 are currently present.</p> <p>4 Q. Any nonlawyers present?</p> <p>5 A. No.</p> <p>6 Q. And I think you said the fourth</p> <p>7 meeting was this morning; is that right?</p> <p>8 A. Yes.</p> <p>9 Q. Were you ever asked to preserve and</p> <p>10 not throw away documents, as part of this</p> <p>11 litigation?</p> <p>12 A. No.</p> <p>13 Q. Have you deleted and/or thrown away</p> <p>14 documents that could be related to this case in</p> <p>15 the past -- in the past year?</p> <p>16 MS. KOUBA: Object to form.</p> <p>17 A. No.</p> <p>18 Q. No?</p> <p>19 A. No, I have not.</p> <p>20 Q. Did someone come and collect</p> <p>21 documents from you?</p> <p>22 A. Not from me.</p> <p>23 Q. From your recollection, are there</p> <p>24 any documents that you have in your possession</p> <p>25 that relate to opioids, both prescription and</p>	<p style="text-align: right;">Page 24</p> <p>1 001774240, was marked for purposes</p> <p>2 of identification.)</p> <p>3 - - - - -</p> <p>4 Q. Mr. Hutzell, I'm showing you what</p> <p>5 has been marked as Exhibit 1. Do you recognize</p> <p>6 this document, Mr. Hutzell?</p> <p>7 A. Yes, I do.</p> <p>8 Q. What is it?</p> <p>9 A. It's my cover letter and resume.</p> <p>10 Q. Who is Aimee Wade?</p> <p>11 A. She is the associate clinical</p> <p>12 director of the Summit County ADM Board.</p> <p>13 Q. Did you know her prior to sending</p> <p>14 this application?</p> <p>15 A. Yes, I did.</p> <p>16 Q. It looks like this was dated March</p> <p>17 7, 2016. When were you hired at Summit ADM?</p> <p>18 A. When was I hired or when did I</p> <p>19 start?</p> <p>20 Q. When did you start?</p> <p>21 A. I started on May 2, 2016.</p> <p>22 Q. If you turn to the second page,</p> <p>23 which is -- which appears to be a cover letter</p> <p>24 written by you; is that right?</p> <p>25 A. Yes, sir.</p>
<p style="text-align: right;">Page 23</p> <p>1 illicit, and your work at Summit County ADM</p> <p>2 that are in your possession, which lawyers from</p> <p>3 Motley Rice or employees at Summit ADM have not</p> <p>4 collected from you?</p> <p>5 A. Could you rephrase the question</p> <p>6 because I --</p> <p>7 Q. Sure. Do you have documents</p> <p>8 relating to opioids that have not been</p> <p>9 collected and produced to the defendants in</p> <p>10 this litigation?</p> <p>11 A. No. Everything is at the ADM</p> <p>12 Board.</p> <p>13 Q. So you don't have anything in your</p> <p>14 own personal possession at home or otherwise?</p> <p>15 A. No, I do not.</p> <p>16 Q. What about email relating to</p> <p>17 opioids, such as in your personal email?</p> <p>18 MS. KOUBA: Object to form.</p> <p>19 A. No.</p> <p>20 Q. No?</p> <p>21 A. No.</p> <p>22 - - - - -</p> <p>23 (Thereupon, Deposition Exhibit 1,</p> <p>24 Email with Resume Attached,</p> <p>25 Beginning with Bates Label Summit</p>	<p style="text-align: right;">Page 25</p> <p>1 Q. You state in this letter that</p> <p>2 Thomas Grande was your former supervisor. Who</p> <p>3 is Thomas Grande?</p> <p>4 A. He was the continuous quality</p> <p>5 improvement coordinator at the ADM Board.</p> <p>6 Q. Did you succeed Thomas Grande in</p> <p>7 this position?</p> <p>8 A. Yes, I did.</p> <p>9 Q. How did you know him before?</p> <p>10 A. I did an internship with the ADM</p> <p>11 Board.</p> <p>12 Q. You note that you have a passion</p> <p>13 for mental health research. Is that what</p> <p>14 motivated you to apply for this position?</p> <p>15 A. Yes.</p> <p>16 Q. What kind of mental health research</p> <p>17 have you done prior to joining Summit ADM?</p> <p>18 A. I did a research project on CIT, or</p> <p>19 the crisis intervention training.</p> <p>20 Q. What is CIT?</p> <p>21 A. CIT is a program that trains police</p> <p>22 officers on how to deal with people who are</p> <p>23 having mental health distress.</p> <p>24 Q. What was the nature of your</p> <p>25 research?</p>

<p style="text-align: right;">Page 26</p> <p>1 A. It was a spacial analysis of</p> <p>2 policing patterns.</p> <p>3 Q. Policing partners refers to what?</p> <p>4 A. Policing patterns, referring to the</p> <p>5 different calls that they responded to that</p> <p>6 were CIT related.</p> <p>7 Q. You also note in here that you have</p> <p>8 a desire for helping people who have mental</p> <p>9 health illnesses and for mental health</p> <p>10 advocacy.</p> <p>11 Had you done any mental health</p> <p>12 advocacy prior to joining Summit ADM?</p> <p>13 A. Define advocacy, what do you mean</p> <p>14 by advocacy?</p> <p>15 Q. I'm simply using the words as you</p> <p>16 used them here. So perhaps, I guess, one</p> <p>17 question might be how did you understand the</p> <p>18 term mental health advocacy when you put it in</p> <p>19 your cover letter?</p> <p>20 A. What I put in my cover letter, I</p> <p>21 meant that, you know, in my everyday, like,</p> <p>22 activities and stuff, if I'm, you know, dealing</p> <p>23 with a person who has a mental health illness</p> <p>24 and stuff, I want to be able to help them the</p> <p>25 best that I can.</p>	<p style="text-align: right;">Page 28</p> <p>1 You indicate that your educational</p> <p>2 experience was focused on mental health policy</p> <p>3 research, which includes research on opioid</p> <p>4 addicted pregnant women, methamphetamine use,</p> <p>5 and skipping a little bit, mental health and</p> <p>6 substance use disorder benefits under the</p> <p>7 Patient Protection and Affordable Care Act and</p> <p>8 GIS.</p> <p>9 What was your mental health policy</p> <p>10 research relating to opiate addicted pregnant</p> <p>11 women?</p> <p>12 A. Those are two different things. Do</p> <p>13 you want to know about both of them or --</p> <p>14 Q. So, Mr. Hutzell, if you refer to</p> <p>15 the letter that is in front of you, it seems to</p> <p>16 suggest that, in the second paragraph, this</p> <p>17 includes research on opiate addicted pregnant</p> <p>18 women.</p> <p>19 So my question is, did you do</p> <p>20 research relating to opiate addicted pregnant</p> <p>21 women, and if so, what was the nature of that</p> <p>22 research?</p> <p>23 A. This is part of my educational</p> <p>24 experience and stuff, and my role was a</p> <p>25 research assistant, and stuff like that.</p>
<p style="text-align: right;">Page 27</p> <p>1 Also by advocacy I meant that if</p> <p>2 I'm talking to somebody who may not have an</p> <p>3 understanding of mental health illnesses or had</p> <p>4 somebody who has a mental health illness, you</p> <p>5 know, to help them with, like, coping with</p> <p>6 that.</p> <p>7 Q. So prior to joining Summit ADM, you</p> <p>8 never had any professional experience in mental</p> <p>9 health advocacy?</p> <p>10 MS. KOUBA: Object to form.</p> <p>11 A. Again, what do you mean advocacy?</p> <p>12 Q. Just simply using your words here</p> <p>13 in terms of -- well, let me rephrase.</p> <p>14 Have you ever been employed or done</p> <p>15 professional work advocating for policies</p> <p>16 and/or programs relating to mental health,</p> <p>17 other than CIT, prior to joining Summit ADM?</p> <p>18 A. I'm still not understanding, like,</p> <p>19 your question, the reason being, I think it</p> <p>20 needs to be more defined and stuff.</p> <p>21 When you say like -- like, do you</p> <p>22 mean like as a job position, like did I have a</p> <p>23 job position that did that?</p> <p>24 Q. Let's come back to it. We'll get</p> <p>25 to this later.</p>	<p style="text-align: right;">Page 29</p> <p>1 Q. And that kind of research did you</p> <p>2 do relating to opiate addicted pregnant women?</p> <p>3 A. My involvement in this was making</p> <p>4 phone calls to the women and also collecting</p> <p>5 data.</p> <p>6 Q. What kind of data did you collect?</p> <p>7 A. Survey data.</p> <p>8 Q. Survey data, asking what kinds of</p> <p>9 questions?</p> <p>10 A. I don't remember at this time.</p> <p>11 This was in grad school, so I don't remember</p> <p>12 exactly.</p> <p>13 Q. And you went to grad school where?</p> <p>14 A. Kent State University.</p> <p>15 Q. The next subject on which you did</p> <p>16 mental health policy research is</p> <p>17 methamphetamine use. What was the nature of</p> <p>18 your research relating to methamphetamine use?</p> <p>19 A. I believe my role was the same and</p> <p>20 stuff. I was a research assistant and stuff,</p> <p>21 so I was entering data and stuff for the</p> <p>22 methamphetamine use research project.</p> <p>23 Q. And this data was relating to users</p> <p>24 of methamphetamine?</p> <p>25 A. Yes.</p>

<p style="text-align: right;">Page 30</p> <p>1 Q. Who was this research project --</p> <p>2 strike that. Let me rephrase.</p> <p>3 For whom were you working when you</p> <p>4 did this project relating to methamphetamine</p> <p>5 use?</p> <p>6 A. I was a research assistant for Dr.</p> <p>7 Deric Kenne.</p> <p>8 Q. And who is Dr. Kenne?</p> <p>9 A. He is a professor at Kent State</p> <p>10 University.</p> <p>11 Q. Did he specialize in</p> <p>12 methamphetamine use?</p> <p>13 A. I believe he specializes in all</p> <p>14 substance use disorders.</p> <p>15 Q. Do you recall what data -- what</p> <p>16 kinds of data you entered relating to</p> <p>17 methamphetamine use?</p> <p>18 A. I believe it was the same as the</p> <p>19 survey data.</p> <p>20 Q. And you don't remember what the</p> <p>21 nature of that survey data was?</p> <p>22 A. No, I don't exactly.</p> <p>23 Q. Okay. Let's turn to the next page,</p> <p>24 which is -- which appears to be a copy of your</p> <p>25 CV at the time; is that correct?</p>	<p style="text-align: right;">Page 32</p> <p>1 kinds of questions like this throughout the</p> <p>2 deposition, and feel free to think of me as a</p> <p>3 student of statistics here, and I'm attempting</p> <p>4 to understand some of these terms, because they</p> <p>5 are pretty new to me, and I'm not exactly a</p> <p>6 math whiz.</p> <p>7 You note that a relevant skill of</p> <p>8 yours is statistical analysis. What do you</p> <p>9 understand the term statistical analysis to</p> <p>10 mean?</p> <p>11 A. Using different statistical methods</p> <p>12 for analyzing data over other problems.</p> <p>13 Q. And how have you obtained that</p> <p>14 relevant skill of statistical analysis?</p> <p>15 A. Schooling and also self-taught.</p> <p>16 Q. What kinds of schooling</p> <p>17 specifically related to statistical analysis</p> <p>18 have you done?</p> <p>19 A. The Masters of Public Health uses</p> <p>20 statistical analysis in just about everything.</p> <p>21 Q. What courses did you take in</p> <p>22 statistical analysis?</p> <p>23 A. There was two biostatistics courses</p> <p>24 that I took and one epidemiology course.</p> <p>25 Q. What did those biostatistical courses</p>
<p style="text-align: right;">Page 31</p> <p>1 A. Yes. It's a copy of my resume.</p> <p>2 Q. You note that you are a public</p> <p>3 health specialist. What did you mean by that</p> <p>4 term?</p> <p>5 A. A person who specializes in public</p> <p>6 health.</p> <p>7 Q. You note that your relevant skills</p> <p>8 include evidence-based methodology. What is</p> <p>9 evidence-based methodology?</p> <p>10 A. That is different methodologies</p> <p>11 that are used to track evidence-based data or</p> <p>12 research.</p> <p>13 Q. So what kind -- so evidence-based</p> <p>14 methodology means evidence-based methodology;</p> <p>15 is that right?</p> <p>16 The term is just self-explanatory,</p> <p>17 there is nothing else that might be baked into</p> <p>18 the term evidence-based methodology that's not</p> <p>19 clear from the face of the term?</p> <p>20 MS. KOUBA: Object to form.</p> <p>21 A. No, that's pretty much the</p> <p>22 definition and stuff of what I previously said.</p> <p>23 Q. Okay. Some of these terms are new</p> <p>24 to me. I don't have any experience in the</p> <p>25 statistical world. So I may be asking all</p>	<p style="text-align: right;">Page 33</p> <p>1 cover?</p> <p>2 A. How to use statistics in the public</p> <p>3 health realm.</p> <p>4 Q. And what about the epidemiology</p> <p>5 class?</p> <p>6 A. Epidemiology is, you know, again</p> <p>7 using statistical methods, but in a different</p> <p>8 realm and stuff, as far as, like, trying to</p> <p>9 quantify, like, what is happening and stuff,</p> <p>10 with whatever issue you are dealing with.</p> <p>11 Q. So what's the difference between</p> <p>12 epidemiology and biostatistics?</p> <p>13 A. Biostatistics will tell you, like,</p> <p>14 what is happening. Epidemiology will tell you</p> <p>15 how it's happening.</p> <p>16 Q. Can you please explain the</p> <p>17 difference between what those two things mean?</p> <p>18 MR. LEDLIE: Object to form.</p> <p>19 A. By difference, do you want examples</p> <p>20 or definitions?</p> <p>21 Q. Examples would be helpful. What is</p> <p>22 the difference between, when you say what is</p> <p>23 happening, which is biostatistics, and how it</p> <p>24 is happening, which you say is epidemiology?</p> <p>25 A. Well, doing a statistical analysis,</p>

<p style="text-align: right;">Page 34</p> <p>1 like let's say you -- let's say you work in an 2 area of a city and you are finding, like, out 3 that the police officers are finding more guns 4 in this area than previously. You can put up 5 that, like, you know, there has been a 42 6 percent increase in the number of guns that 7 have been found. 8 Now, with epidemiology, it goes a 9 little bit more indepth, to say, like, just 10 because you found the 42 percent, is that a 11 reason to freak out and stuff, you know, and it 12 might not be, because out of that 42 percent, 13 you know, say, like, that number is 100, maybe 14 70 of those and stuff guns that have been found 15 are people who have conceal-carry weapons, 16 another 29 people might be people who are off 17 duty police officers or off duty security 18 officers that are allowed to carry their 19 weapon, but somehow it just got found and stuff 20 that they were in that area. 21 And then you get your one person 22 who might be illegally carrying a gun and 23 stuff, so even though I have a 42 percent 24 increase and stuff, which is biostatistics, 25 once you break it down, you are able to</p>	<p style="text-align: right;">Page 36</p> <p>1 Q. And you have a master's of public 2 health? 3 A. Yes, I do. 4 Q. So what different training than 5 what you have would you need in order to become 6 an epidemiologist? 7 A. Are you talking about formal or 8 informal? 9 Q. Formal. 10 A. Formal education, I would say if 11 you went into it formally, there is, like, an 12 epidemiologist track for a Master's of Public 13 Health. 14 Q. And you were not on that track? 15 A. No, I was not. 16 Q. Do you have to get a certificate or 17 accreditation to become an epidemiologist? 18 A. No, you don't. 19 Q. Have you received any formal 20 statistical training, other than through your 21 associates, bachelor's or master's degree at 22 Kent State? 23 A. Yes, I have. 24 Q. Where did you receive additional 25 statistical training?</p>
<p style="text-align: right;">Page 35</p> <p>1 understand what is actually going on. 2 Q. That's helpful. Thank you. 3 So do you understand biostatistics 4 to not entail that look-under-the-hood kind of 5 analysis that you just mentioned is associated 6 with epidemiology? 7 A. How I have used biostatistics? 8 Q. Sure. 9 A. Yes. 10 Q. So biostatistics is strictly 11 concerned with describing the state of affairs 12 in a given problem? 13 MS. KOUBA: Object to form. 14 A. Yes, that's how I have used it. 15 Q. And epidemiology then, is it fair 16 to say, would be a more indepth look at what is 17 going on and whether there is cause for concern 18 in the community? 19 A. Yes, that's how I have used it. 20 Q. And are you an epidemiologist? 21 A. No, I am not. 22 Q. What kind of training would you 23 need in order to become an epidemiologist? 24 A. You can get a master's of public 25 health.</p>	<p style="text-align: right;">Page 37</p> <p>1 A. Through Udemy and Coursera courses. 2 Q. What is Udemy and Coursera? 3 A. Those are both educational course 4 websites. 5 Q. Are they independent study types of 6 courses? 7 A. Yes, they are. Some are 8 university, some aren't. 9 Q. And can anyone take these, or do 10 you need to apply? 11 A. Anybody can take those. 12 Q. And how many of these courses did 13 you take? 14 A. I can't be exact, but if I was to 15 guess and stuff, I would definitely say over 50 16 and stuff. 17 Q. How long is each course? 18 A. It ranges from an hour to 75 hours 19 and possibly higher than 75 hours. 20 Q. If you had to estimate, how many 21 hours did you spend on these Udemy and Coursera 22 courses? 23 A. I would have, just guessing, 24 without doing the exact math and stuff, I would 25 say well over 2- or 300 hours.</p>

<p style="text-align: right;">Page 38</p> <p>1 Q. Were these courses take on your own 2 initiative, or were you asked as part of your 3 employment and/or education to take them? 4 A. It was on my own initiative. 5 Q. Why did you seek out these courses 6 on your own initiative? 7 A. Because I knew it was necessary to 8 be able to do my job effectively at the ADM 9 Board. 10 Q. When did you take these courses? 11 A. From 2016 to present. 12 Q. Have you had any training, formal 13 education training, in a Ph.D. setting, 14 relating to statistical analysis? 15 A. Yes, I have. 16 Q. Were you a Ph.D. student? 17 A. I was a Ph.D. student, yes. 18 Q. Are you still a Ph.D. student? 19 A. No, I am not. 20 Q. How far along in the program did 21 you get? 22 A. I took three or four courses. 23 Q. Have you completed your coursework? 24 A. No, I have not. 25 Q. Are you still planning to resume</p>	<p style="text-align: right;">Page 40</p> <p>1 coursework, would you have taken more 2 statistical analysis classes? 3 MS. KOUBA: Object to form. 4 MR. LEDLIE: Objection. 5 A. I'm trying to remember the catalog. 6 Q. Take your time. No problem. 7 A. I believe so. 8 Q. So you still have more to learn in 9 the statistical analysis realm? 10 A. Yes. 11 Q. Do you consider yourself an expert 12 statistician? 13 MS. KOUBA: Object to form. 14 A. What do you mean by expert 15 statistician? 16 Q. Would you hold yourself out as an 17 expert in the field of statistics? 18 A. Not statistics, no. 19 Q. What about in the field of 20 statistical analysis, would you hold yourself 21 out as an expert? 22 A. What do you mean by statistical 23 analysis? 24 Q. You mentioned -- you defined it as 25 using different statistical and methods -- or</p>
<p style="text-align: right;">Page 39</p> <p>1 that coursework in the future? 2 A. Not with that particular degree. 3 Q. Which degree was that? 4 A. That was a degree in cognitive 5 psychology. 6 Q. Why did you decide to study 7 cognitive psychology? 8 A. Because it seemed interesting at 9 the time. 10 Q. Was that a different direction from 11 your public health degree? 12 A. No, it wasn't. 13 Q. Did you study cognitive psychology 14 in your master's or bachelor's program? 15 A. Yes, I have. 16 Q. As part of your Ph.D. coursework, 17 did you take any statistical analysis classes? 18 A. I took classes that used 19 statistical analysis, but not specific 20 statistical analysis courses. 21 Q. Is statistical analysis 22 important -- is statistical analysis part of 23 what is expected of a Ph.D. student to know? 24 A. Yes. 25 Q. Had you resumed or completed your</p>	<p style="text-align: right;">Page 41</p> <p>1 different statistical methods for analyzing 2 data or other problems. Would you consider 3 yourself an expert -- would you hold yourself 4 out to the world as an expert in statistical 5 analysis? 6 A. For using statistics and stuff to 7 analyze data, yes. 8 Q. You would hold yourself out as an 9 expert? 10 A. Yes. 11 Q. Okay. According to your resume 12 here, it says you previously worked at Summit 13 ADM. What was the nature of your work -- of 14 your prior work at Summit ADM before joining 15 again in 2016? 16 A. Are you talking about the 2013 and 17 2014 timeframe? 18 Q. I am. 19 A. That was a CIT internship practical 20 project. 21 Q. Is that the one where Thomas Grande 22 was your supervisor? 23 A. Yes. 24 Q. Did you work with anyone else 25 during that time at Summit ADM?</p>

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1 A. No, I did not.
2 Q. Prior to that, it appears that you
3 did an internship at Oriana House. What is
4 Oriana House?
5 A. Oriana House is one of the agencies
6 that deals with people who are in, like, kind
7 of like a halfway house and stuff, you know,
8 before they go to jail. That's my
9 understanding of it.
10 Q. And what was the nature of your
11 work for Oriana House?
12 A. I was a data analyst for them.
13 Q. What kind of data did you analyze?
14 A. I analyzed clerk of court records.
15 Q. What were you looking at these
16 clerk of court records for?
17 A. We were looking at, like,
18 recidivism and stuff for people who had been
19 released.
20 Q. What is recidivism?
21 A. Recidivism is like, you know, in
22 that specific instance, is looking to see if
23 after they have been released from Oriana
24 House, are they coming back into the criminal
25 justice system.

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1 Q. Does Oriana House do a lot of work
2 with drug courts or -- sorry. Let me rephrase.
3 Does Oriana House do a lot of work
4 with courts and recidivism?
5 A. To my understanding and my, like,
6 small role, yes, but I don't know exactly
7 what -- to what extent they do.
8 Q. Did any of the court records that
9 you analyzed include records from drug courts?
10 A. No. It was only the clerk of
11 courts records.
12 Q. In your time at Oriana House, did
13 you discuss, analyze, comment on issues
14 relating to opioid use and abuse?
15 MS. KOUBA: Object to form.
16 A. No.
17 Q. Since the time that you sent this
18 application, what, if anything, has been added
19 to your resume?
20 A. I'm sorry. Could you repeat that.
21 Q. Since the time that you submitted
22 this resume to the Summit ADM Board, what, if
23 anything, have you added to your resume?
24 A. I think the two major things that
25 is not on this resume is data analysis and

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1 database management.
2 Q. And what is data analysis and
3 database management?
4 A. Data analysis is using statistical
5 analysis and methodologies to interpret data.
6 Database management is managing your data into
7 a form that can be analyzed.
8 Q. Let's take those one at a time.
9 Data analysis, do you understand
10 that to be different from statistical analysis?
11 A. Yes, I do.
12 Q. What is the difference?
13 A. The difference being that a
14 statistician looks solely into statistical,
15 like, methods and stuff. It is one of the
16 things that's, like, that kind of blurs over
17 into a gray area too, because a data analyst
18 uses statistical methods, and so does a
19 biostatistics, but a data analyst, to my
20 understanding, is using -- is preparing and,
21 you know, utilizing data a lot more than a
22 statistician would, but it kind of goes back
23 and forth, to be honest.
24 Q. A lot more than a statistician
25 would?

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1 A. Yes.
2 Q. Why is that?
3 A. Why is that? Well, to my
4 understanding and how I've been a data analyst
5 and stuff, it's a lot more computer science and
6 stuff than what biostatisticians that I have
7 encountered and stuff have used.
8 Q. What do you mean by a lot more
9 computer science?
10 A. Using different types of software
11 to analyze data.
12 Q. What kinds of software do you use
13 or are you trained in or experienced with?
14 MS. KOUBA: Object to form.
15 A. I'm experienced in Python and R and
16 SQL.
17 Q. Is it fair to say that statistical
18 analysis doesn't entail digging into the weeds
19 of a database?
20 A. Yes.
21 Q. And prior to joining Summit ADM,
22 data analysis was not listed as a relevant
23 skill on your resume?
24 A. That's true.
25 Q. So this is something that over the

<p style="text-align: right;">Page 46</p> <p>1 course of the past couple of years you have 2 developed as a skill? 3 A. Yes. 4 Q. The second that you mentioned was 5 not -- or is not on your resume is database 6 management; is that correct? 7 A. That's correct. 8 Q. And what is database management? 9 A. From how I have used database 10 management, I've used it to create -- take 11 unstructured data and put it in a structured 12 form so that it could be analyzed better. 13 Q. What is unstructured data? 14 A. Paperwork and stuff. Anything 15 that's on, you know, paper. Sometimes it's 16 electronic that's not in a format that can be 17 analyzed. 18 Q. So you have paperwork and you input 19 the data into some database; is that right? 20 A. Yes. 21 Q. What considerations do you make 22 when you are inputting data from -- inputting 23 unstructured data into a structured data form? 24 MR. LEDLIE: Object to the form of 25 the question.</p>	<p style="text-align: right;">Page 48</p> <p>1 A. Yes, I did. 2 Q. What about your work at Summit ADM 3 required you to develop that skill? 4 A. We needed to be able to come up 5 with bigger insights -- or better insights 6 into, like, what our data would say and stuff. 7 So the easiest way to do that was to do 8 database management and using SQL coding for 9 that. 10 Q. Why did you need to come up with 11 better insights about what the data was saying? 12 A. Because it was unstructured, and 13 the data that I worked with was unstructured 14 and it wasn't in a usable format. 15 Q. Which data are you referring to? 16 A. I'm referring to outcomes reports. 17 Q. What are outcomes reports? 18 A. That's what the agencies, like, 19 report on and stuff for whatever program that 20 we are funding and stuff. They are giving us 21 outcome reports to let us know what the outcome 22 of their program was. 23 Q. What kinds of outcomes? 24 MS. KOUBA: Object to form. 25 A. Just whatever metrics that they</p>
<p style="text-align: right;">Page 47</p> <p>1 A. What do you mean? 2 Q. Like walk me through that process. 3 For example, is database management simply data 4 entry? 5 A. Yes and no. 6 Q. What is it about database 7 management that is different than simple data 8 entry? 9 A. The coding and stuff. I mean, you 10 can enter stuff into an Excel spreadsheet and 11 that would be considered data entry and stuff, 12 but if you are doing, like, database managed 13 and stuff, you are actually entering it into a 14 database and stuff and, like, extrapolating 15 that database and stuff and using that to 16 compare other datasets to. 17 Q. And by coding, do you mean software 18 coding? 19 A. Yes. 20 Q. Okay. And that is another skill 21 that you have gained since applying to Summit 22 ADM? 23 A. Yes. 24 Q. Did you develop that skill as part 25 of your work at Summit ADM?</p>	<p style="text-align: right;">Page 49</p> <p>1 could use to approve what they are trying to 2 prove. 3 Q. Can you give me some examples? 4 A. Let's say you have got a program, 5 and program A is supposed to be helping people 6 who have mental health illnesses by getting 7 them into focus groups, and then your outcome 8 is supposed to be like a -- to have, say, 70 9 percent of the people complete this particular 10 program. 11 Then outcomes would be, like, how 12 many people actually did, like, finish that 13 program and stuff. So the 70 percent is your 14 goal, so you are going to say, like, you know, 15 if you said 65 percent and stuff, then you are 16 going to state, like, why you were under goal 17 and stuff, like, to accommodate that. 18 Q. What kinds of programs did you 19 improve the database for? 20 A. Mental health and substance use 21 programs. 22 Q. And specifically at ADM, which 23 programs in particular did you work on for 24 improving the database? 25 A. In regards to outcomes, all of</p>

<p style="text-align: right;">Page 50</p> <p>1 them.</p> <p>2 Q. How many?</p> <p>3 A. I don't know, off the top of my</p> <p>4 head.</p> <p>5 Q. Can you estimate?</p> <p>6 A. A lot. I can't say.</p> <p>7 Q. More than five?</p> <p>8 A. Definitely more than five.</p> <p>9 Q. More than ten?</p> <p>10 A. Maybe, maybe 100 and stuff, but I'm</p> <p>11 not really exactly sure how many that was.</p> <p>12 Q. How much of your work at ADM was</p> <p>13 focused on these outcomes for -- strike that.</p> <p>14 How much of your work at ADM was</p> <p>15 focused on understanding outcomes relating to</p> <p>16 these hundred or so programs?</p> <p>17 MR. LEDLIE: Object to the form of</p> <p>18 the question.</p> <p>19 A. Can you rephrase the question.</p> <p>20 Q. Would you say it was -- if you</p> <p>21 could estimate, what percentage of your job was</p> <p>22 relating to trying to understand outcomes</p> <p>23 relating to the hundred or so programs at ADM?</p> <p>24 MS. KOUBA: Object to form.</p> <p>25 A. I'm sorry. Can you say that again.</p>	<p style="text-align: right;">Page 52</p> <p>1 Summit ADM, what other data did you analyze in</p> <p>2 order to get better insights?</p> <p>3 A. Different sets of, like, public</p> <p>4 records and police records and medical examiner</p> <p>5 records.</p> <p>6 Q. Any others?</p> <p>7 A. No, other than the programs that we</p> <p>8 needed, like, outcomes and stuff.</p> <p>9 MR. MASTERS: Okay. Let's take a</p> <p>10 break.</p> <p>11 THE VIDEOGRAPHER: Off the record,</p> <p>12 10:10.</p> <p>13 (Recess taken.)</p> <p>14 THE VIDEOGRAPHER: On the record,</p> <p>15 10:21.</p> <p>16 Q. Welcome back, Mr. Hutzell.</p> <p>17 A. Thank you.</p> <p>18 Q. We are still looking at Exhibit 1,</p> <p>19 which is Bates stamped Summit 001774240.</p> <p>20 You mentioned earlier that you</p> <p>21 consider yourself an expert in statistical</p> <p>22 analysis.</p> <p>23 A. Yes.</p> <p>24 Q. How many years have you been</p> <p>25 employed professionally in a job that requires</p>
<p style="text-align: right;">Page 51</p> <p>1 Q. Was it a big part of your job?</p> <p>2 A. It was a decent part of the job,</p> <p>3 yes.</p> <p>4 Q. You mentioned before that you</p> <p>5 developed the skill of database management</p> <p>6 because of the need to develop better insights</p> <p>7 into the statistics, and you cited, as an</p> <p>8 example of that, outcomes, understanding</p> <p>9 outcomes for the many programs at Summit ADM.</p> <p>10 What, if any, other data did you</p> <p>11 work on with respect to database management at</p> <p>12 Summit ADM?</p> <p>13 MS. KOUBA: Object to form.</p> <p>14 A. Can I take a break real quick? I</p> <p>15 have to use the restroom.</p> <p>16 Q. Sure.</p> <p>17 MS. FEINSTEIN: There is a question</p> <p>18 pending.</p> <p>19 Q. Sorry. Please, there is a question</p> <p>20 pending, so after the question is done, please,</p> <p>21 we can take a break.</p> <p>22 A. Can you repeat the question,</p> <p>23 please.</p> <p>24 Q. Yes. I'll rephrase it.</p> <p>25 Other than outcomes for programs at</p>	<p style="text-align: right;">Page 53</p> <p>1 statistical analysis?</p> <p>2 A. I'd say four.</p> <p>3 Q. When did you develop --</p> <p>4 THE NOTARY: I'm sorry. What did</p> <p>5 you say?</p> <p>6 A. Four. Or, I apologize, six.</p> <p>7 Q. So beginning in 2013?</p> <p>8 A. Roger.</p> <p>9 Q. And roger means yes?</p> <p>10 A. Yes.</p> <p>11 Q. I assume that is from your days in</p> <p>12 the Army?</p> <p>13 A. Yes.</p> <p>14 Q. Ten years; is that right?</p> <p>15 A. Yes, sir.</p> <p>16 Q. Did you do any statistical analysis</p> <p>17 while you were employed with the Army?</p> <p>18 A. Yes, sir.</p> <p>19 Q. And did you have training -- was</p> <p>20 that based on training that you had received</p> <p>21 from the Army related to statistical analysis?</p> <p>22 A. No, it wasn't.</p> <p>23 Q. How did you -- how did you obtain</p> <p>24 the training to do the statistical analysis</p> <p>25 that you did in the Army?</p>

<p style="text-align: right;">Page 54</p> <p>1 A. There was a need for it to do my 2 job effectively. 3 Q. Where did you get the training? 4 A. From coursework. 5 Q. Coursework from where? 6 A. From universities and also from 7 different courses and different books online. 8 Q. Which universities? 9 A. University of Incarnate Word. 10 Q. When did you attend the University 11 of Incarnate Word? 12 MS. KOUBA: Object to form. 13 A. I'm sorry. Could you rephrase 14 that. 15 Q. When did you attend the University 16 of Incarnate Word? 17 A. In -- I want to say 2006 is when I 18 first attended. Around there, 2006 to 2008. 19 So I'm not exactly sure. 20 Q. Was this during your time in the 21 Army? 22 A. Yes, it was. 23 Q. Did you receive a degree from the 24 University of Incarnate Word? 25 A. No, I did not.</p>	<p style="text-align: right;">Page 56</p> <p>1 expert in a court and/or deposition about 2 statistical analysis? 3 MS. KOUBA: Object to form. 4 A. I'm sorry. Could you rephrase 5 that. 6 Q. Have you ever testified as an 7 expert relating to statistical analysis? 8 A. No, I have not. 9 Q. Have you ever been hired as a 10 consulting expert on matters relating to 11 statistical analysis? 12 A. No, I have not. 13 Q. Other than your work for Summit ADM 14 and your internships that you mentioned 15 previously, have you ever been employed in a 16 position that requires statistical analysis? 17 A. Yes, I have. 18 Q. What were those employment 19 positions? 20 A. I was employed by Coleman 21 Professionals. 22 Q. What is Coleman Professionals? 23 A. Or contracted by Coleman 24 Professionals. They are a mental health 25 agency.</p>
<p style="text-align: right;">Page 55</p> <p>1 Q. How many courses at Incarnate Word 2 did you take related to statistical analysis? 3 A. I believe one. 4 Q. And how many courses at Kent State, 5 in connection with your associates and bachelor 6 degree, did you take relating to statistical 7 analysis? 8 A. Two. 9 Q. And how many courses as part of 10 your master's did you take relating to 11 statistical analysis? 12 A. Two. 13 Q. So other than the one course at 14 Incarnate Word and the four courses at Kent 15 State, have you had -- have you taken any other 16 statistical analysis courses at a university or 17 other educational institution? 18 A. Yes, I have. 19 Q. Where? 20 A. At Coursera courses and Udemy. 21 Q. And these are the courses that you 22 took on your own initiative that you described 23 earlier, right? 24 A. Yes. 25 Q. Have you ever testified as an</p>	<p style="text-align: right;">Page 57</p> <p>1 Q. Is that reflected on your resume? 2 A. No, it's not. 3 Q. When were you employed by Coleman 4 Professionals? 5 A. I believe about early 2015. 6 Q. What was the nature of your work 7 for Coleman Professionals? 8 A. I was doing GIS mapping. 9 Q. What is GIS mapping? 10 A. Geographical information systems 11 and stuff. It is creating maps. 12 Q. What do you use GIS for? 13 A. To come up with different patterns. 14 Q. And what specifically did you use 15 GIS mapping for in your work for Coleman 16 Professionals? 17 A. It was to, like, see where exactly 18 their population was and the distance between 19 the individual and grocery stores. 20 Q. What was the purpose of this GIS 21 mapping? Let me rephrase. 22 Why was Coleman Professionals 23 trying to understand the distance between the 24 population and the nearest grocery store? 25 A. Because they were looking into food</p>

15 (Pages 54 - 57)

<p style="text-align: right;">Page 58</p> <p>1 insecurity and determining, like,</p> <p>2 transportation issues.</p> <p>3 Q. And so other than your work in the</p> <p>4 Army, your previous internships, your work at</p> <p>5 Coleman Professionals and your work at Summit</p> <p>6 ADM Board, have you been employed in any other</p> <p>7 professional position that has required the use</p> <p>8 of statistical analysis?</p> <p>9 A. I'm sorry. Could you go over that</p> <p>10 work again of what you said.</p> <p>11 Q. The Army, your internships as part</p> <p>12 of your education, Coleman Professionals, and</p> <p>13 the Summit ADM Board.</p> <p>14 A. Yes.</p> <p>15 Q. Where else?</p> <p>16 A. Kent State University GIS Health</p> <p>17 and Hazards Lab.</p> <p>18 Q. What did you do for them?</p> <p>19 A. I was the lab manager.</p> <p>20 Q. What does that entail?</p> <p>21 A. That entails, like, oversight over</p> <p>22 the lab and stuff, and different projects that</p> <p>23 were occurring.</p> <p>24 Q. And what specifically relating to</p> <p>25 statistical analysis did you do in this lab?</p>	<p style="text-align: right;">Page 60</p> <p>1 Q. What kind of financial analysis</p> <p>2 have you had experience with?</p> <p>3 A. Analyzing, like, how much money is</p> <p>4 being spent on contracts and stuff, and</p> <p>5 determining, like, how that's best analyzed.</p> <p>6 Q. Did you do any of that at Summit</p> <p>7 ADM?</p> <p>8 A. No, I did not.</p> <p>9 Q. You didn't do any financial</p> <p>10 analysis?</p> <p>11 A. None at all.</p> <p>12 Q. What kind of data are you</p> <p>13 analyzing -- are you expecting that you will be</p> <p>14 analyzing at The Cleveland Clinic?</p> <p>15 MS. KOUBA: Object to form.</p> <p>16 A. I'm expecting and stuff to analyze</p> <p>17 data within the protective services, but I have</p> <p>18 to guess, because I haven't -- like I said, I</p> <p>19 started January 2, so I haven't even seen the</p> <p>20 data and stuff to be able to give a solid</p> <p>21 answer on that.</p> <p>22 Q. So when you were interviewing for</p> <p>23 this position, did anyone indicate what kinds</p> <p>24 of projects they hoped someone of your</p> <p>25 experience would work on?</p>
<p style="text-align: right;">Page 59</p> <p>1 A. I did GIS mapping.</p> <p>2 Q. Any other employment positions</p> <p>3 relating to statistical analysis?</p> <p>4 A. No.</p> <p>5 Q. Are you still employed at Summit</p> <p>6 ADM?</p> <p>7 A. No, I'm not.</p> <p>8 Q. When did you leave Summit ADM?</p> <p>9 A. December 31.</p> <p>10 Q. And where do you work now?</p> <p>11 A. I work at The Cleveland Clinic.</p> <p>12 Q. And what do you do for The</p> <p>13 Cleveland Clinic?</p> <p>14 A. I'm a department analyst.</p> <p>15 Q. What is a department analyst?</p> <p>16 A. Well, I just started January 2, so</p> <p>17 I'm still trying to figure that out. But</p> <p>18 basically it's a combination of a financial</p> <p>19 analyst and a data analyst.</p> <p>20 Q. Is financial analysis something you</p> <p>21 have had experience in before?</p> <p>22 A. Yes.</p> <p>23 Q. In what capacity?</p> <p>24 A. Through coursework and through the</p> <p>25 Army.</p>	<p style="text-align: right;">Page 61</p> <p>1 A. Yes, they did.</p> <p>2 Q. And what did they tell you?</p> <p>3 A. They wanted to -- their goal is to</p> <p>4 get a better understanding of their data, get</p> <p>5 it more in a structured and systematic form to</p> <p>6 get better use out of it and stuff, and then</p> <p>7 also creating reports for the executive</p> <p>8 director -- I believe that's his title, I'm not</p> <p>9 quite sure and stuff -- to, like, have him be</p> <p>10 able to talk to other directors and outside</p> <p>11 stakeholders.</p> <p>12 Q. Did they mention what kind of data</p> <p>13 specifically they want you to help get a better</p> <p>14 handle on?</p> <p>15 A. I think there is, like, some</p> <p>16 mapping data and also some comparison data.</p> <p>17 Q. Anything relating to opioids?</p> <p>18 A. No.</p> <p>19 Q. No one has mentioned at The</p> <p>20 Cleveland Clinic that they want you to start</p> <p>21 looking at opioid-related data?</p> <p>22 MS. KOUBA: Object to form.</p> <p>23 A. No.</p> <p>24 Q. Why did you leave Summit ADM?</p> <p>25 A. I left for a change of career.</p>

<p style="text-align: right;">Page 62</p> <p>1 Q. What do you mean by a change of 2 career? 3 A. Well, I wanted to have, like, more 4 opportunity for growth and stuff, and Summit 5 County ADM Board, while it was great place to 6 work, didn't have the growth that I wanted and 7 stuff, so I went to a bigger company. 8 Q. What kind of growth were you 9 looking for? 10 A. Career advancement. 11 Q. And you didn't see a chance for 12 career advancement at Summit ADM? 13 A. No. 14 Q. Why is that? 15 A. Because it's a small agency, and so 16 there is no other positions, other than the one 17 I had. 18 Q. Any other reasons why you left 19 Summit ADM? 20 A. No. 21 Q. Are you in a specific department at 22 Cleveland Clinic? 23 A. Yes, I am. 24 Q. What is that department? 25 A. Protective services department.</p>	<p style="text-align: right;">Page 64</p> <p>1 this document? 2 A. Yes, I do. 3 Q. What is it? 4 A. It is an email. 5 Q. And is this an email you received? 6 A. Yes, I did. 7 Q. If we look down at the bottom of 8 the document, it appears there that an 9 individual named Dan Gregory sent an email to 10 Jerry Craig, who you said previously was your 11 supervisor at ADM Board? 12 A. He was the executive director. 13 Q. And do you know who Dan Gregory is? 14 A. Not off the top of my head. 15 Q. He asked if there was someone in 16 your office who is that definitive person on 17 the statistics surrounding the opioid and 18 heroin problem; is that right? 19 A. Yes. 20 Q. And Jerry Craig responded and said, 21 "Eric Hutzell is our data guru"; is that right? 22 A. Yes. 23 Q. What did he mean by, "Eric Hutzell 24 is our data guru"? 25 MS. KOUBA: Object to form.</p>
<p style="text-align: right;">Page 63</p> <p>1 Q. So what is protective services? 2 A. From my understanding, again only 3 being there since January 2 and stuff, it 4 entails the parking, transportation and EMS 5 services and also the police and security. 6 Q. You said parking, transportation, 7 EMS, police and security; is that right? 8 A. Uh-huh. 9 Q. And so you expect to be analyzing 10 data relating to those categories? 11 A. Yes, I do. 12 Q. Who do you report to at The 13 Cleveland Clinic? 14 A. Julie Marth. 15 Q. And what is her position? 16 A. She is the administrator. 17 - - - - - 18 (Thereupon, Deposition Exhibit 2, 19 Email Exchange, Beginning with Bates 20 Label SUMMIT 001077027, was marked 21 for purposes of identification.) 22 - - - - - 23 Q. I'm handing you what has been 24 marked as Exhibit 2, and it has been Bates 25 stamped as Summit 001077027. Do you recognize</p>	<p style="text-align: right;">Page 65</p> <p>1 A. I'm not quite sure. That might be 2 a better question for him. 3 Q. If you had to guess -- when you 4 received this email, what did you understand 5 that to mean? 6 A. That Jerry wanted Dan Gregory to 7 talk to me about that. 8 Q. And did you understand that to be 9 in response to Dan Gregory's request 10 for -- request to speak with the definitive 11 person on the statistics surrounding the opioid 12 and heroin problem? 13 A. Yes. 14 Q. And do you consider yourself, 15 during your time at Summit ADM, as that 16 definitive person on the statistics of the 17 opioid and heroin problem? 18 A. Yes. 19 Q. Prior to joining Summit ADM, would 20 you have considered yourself a definitive 21 person on the statistics surrounding the opioid 22 and heroin problem? 23 A. I wouldn't consider myself an 24 expert, no. 25 Q. So this is something that you</p>

<p style="text-align: right;">Page 66</p> <p>1 developed over the course of your time at 2 Summit ADM? 3 A. Yes. 4 Q. Did you ever put "data guru" on a 5 shirt or something like that to wear it as a 6 badge of pride? 7 A. No. 8 - - - - - 9 (Thereupon, Deposition Exhibit 3, 10 Email Exchange Between Birmingham 11 and Hutzell, Beginning with Bates 12 Label SUMMIT 001788704, was marked 13 for purposes of identification.) 14 - - - - - 15 Q. I'm showing you now what I'm 16 marking as Exhibit 3, which is Bates stamped 17 Summit 001788704. 18 Do you recognize this document? 19 A. Yes, I do. 20 Q. Is this an email that -- an email 21 conversation of which you were a part? 22 A. Yes, it was. 23 Q. Who is Lauren Birmingham? 24 A. She's a -- well, at this time, she 25 worked for Summa Health.</p>	<p style="text-align: right;">Page 68</p> <p>1 statement? 2 A. I meant that most of the data that 3 comes from the ADM Board originates through me, 4 in regards to the Opiate Task Force. 5 Q. So you were the primary -- sorry. 6 Strike that. Let me rephrase. 7 Were you the only data analyst at 8 Summit ADM? 9 A. Yes. 10 Q. And people looked to you to compile 11 and understand data relating to the Opiate Task 12 Force? 13 A. Yes. 14 Q. Did you rely on anyone else to help 15 you with that data analysis? 16 A. What do you mean by help? 17 Q. You indicated that "99.9 percent of 18 the data that comes from the ADM Board 19 originates from me." Did you have anybody else 20 assisting you in developing that data? 21 A. What do you mean by developing? 22 Publishing, producing, analyzing. 23 MS. KOUBA: Object to form. 24 A. I'm still not clear and stuff. 25 What do you mean by the question?</p>
<p style="text-align: right;">Page 67</p> <p>1 Q. Did you know her prior to this? 2 A. Yes, I did. 3 Q. How did you know her? 4 A. She was a student at Kent State 5 University for the Ph.D. program. 6 Q. And you knew her while you were at 7 Kent State? 8 A. Yes, I did. 9 Q. Mr. Hutzell, I'm going to draw your 10 attention to just a couple parts of this 11 thread, so that I can understand what you meant 12 by some of the statements in here. 13 You indicated in this top email 14 that there would be a Summit Opiate Task Force 15 meeting on December 13, right? 16 A. Yes, that's what I said. 17 Q. And you indicated that you might be 18 presenting that day, but you weren't sure? 19 A. Yes. 20 Q. And then you said, "Either way, 21 about 99.9 percent, haha, of the data that 22 comes from the ADM Board originates from me"; 23 is that right? 24 A. Yes. 25 Q. What did you mean by that</p>	<p style="text-align: right;">Page 69</p> <p>1 Q. Did you have a team of people 2 working under you that helped analyze data? 3 A. No, I don't have a team to work 4 with me. 5 Q. And you indicate that you have tons 6 and tons of data, in the next paragraph; is 7 that right? 8 A. Yes. 9 Q. And you say, "Because I am a data 10 hoarder"? 11 A. Yes. 12 Q. What is a data hoarder? 13 A. Somebody who hoards data. 14 Q. What does that mean? 15 A. Just gathering a lot of data. So 16 as much as I possibly could. 17 Q. Was this data that Summit 18 ADM -- was this new data that you were 19 hoarding? 20 A. What do you mean by new data? 21 Q. So you say you are a data hoarder. 22 What kinds of data were you hoarding? 23 A. Anything that would relate to 24 mental health or substance use disorders. 25 Q. Were you a data hoarder with</p>

<p style="text-align: right;">Page 70</p> <p>1 respect to opioid data?</p> <p>2 A. Yes.</p> <p>3 Q. What kinds of opioid data did you</p> <p>4 hoard?</p> <p>5 A. Any police records or medical</p> <p>6 examiner's records or things with the quick</p> <p>7 response team or the Deterra bag project, and</p> <p>8 there is others too.</p> <p>9 Q. You mentioned 99.9 percent of the</p> <p>10 data originates from you. Where does that .1</p> <p>11 percent come from?</p> <p>12 A. Well, 99.9 percent is a statistics</p> <p>13 joke, because nothing is for certain and stuff,</p> <p>14 so that is why it is 99.9 percent.</p> <p>15 Q. So the haha was a joke --</p> <p>16 A. Yeah.</p> <p>17 Q. -- that another statistics-minded</p> <p>18 person might understand?</p> <p>19 A. Yeah. It's definitely what they</p> <p>20 would understand.</p> <p>21 Q. And what you were saying was that</p> <p>22 basically all of the data comes from you?</p> <p>23 A. For the Opiate Task Force, yes.</p> <p>24 Q. You indicated next that you are</p> <p>25 more than happy to discuss projects,</p>	<p style="text-align: right;">Page 72</p> <p>1 that?</p> <p>2 A. Data sharing helps with that,</p> <p>3 because then you get other perspectives and</p> <p>4 stuff from other agencies.</p> <p>5 Q. Who might have different data than</p> <p>6 your agency?</p> <p>7 A. Yes.</p> <p>8 Q. What kinds of data -- well, strike</p> <p>9 that.</p> <p>10 Did you and Lauren engage in any</p> <p>11 kind of data sharing?</p> <p>12 A. No, we did not.</p> <p>13 Q. So nothing came of your offer?</p> <p>14 A. No.</p> <p>15 Q. So looking back again at that</p> <p>16 comment about how data sharing can create</p> <p>17 better programs and decisionmaking, does the</p> <p>18 quality of data influence the quality of a</p> <p>19 program or decision?</p> <p>20 A. Can you repeat that question,</p> <p>21 please.</p> <p>22 Q. Does the quality of data influence</p> <p>23 the quality of a program or decision?</p> <p>24 A. What do you mean by quality of</p> <p>25 data?</p>
<p style="text-align: right;">Page 71</p> <p>1 publications, anything that we could</p> <p>2 potentially collaborate on to help the</p> <p>3 community or general science knowledge.</p> <p>4 Is collaboration with non-ADM</p> <p>5 individuals something that happened regularly</p> <p>6 in your capacity at Summit ADM?</p> <p>7 MS. KOUBA: Object to form.</p> <p>8 A. Yes, it is.</p> <p>9 Q. I'm sure we will return to that</p> <p>10 some more later, but you indicate on the next</p> <p>11 page that "My perspective is based in data</p> <p>12 science and how data sharing can create better</p> <p>13 programs and decisionmaking"; do you see that?</p> <p>14 A. Where exactly are you?</p> <p>15 Q. It's on the second page in your</p> <p>16 email to Lauren, the first paragraph, in the</p> <p>17 middle.</p> <p>18 A. Yes, I did say that.</p> <p>19 Q. How can data science and data</p> <p>20 sharing create better programs and</p> <p>21 decisionmaking?</p> <p>22 A. By analyzing the data and stuff, so</p> <p>23 that the decisionmakers and other stakeholders</p> <p>24 are able to make solid decisions.</p> <p>25 Q. And how does data sharing help</p>	<p style="text-align: right;">Page 73</p> <p>1 Q. Does the integrity of the data?</p> <p>2 A. Okay. And what do you mean by</p> <p>3 quality of the program?</p> <p>4 Q. Whether it is good or not.</p> <p>5 A. Yes.</p> <p>6 Q. How does data integrity, or the</p> <p>7 quality of data, impact the quality of a</p> <p>8 program or decision?</p> <p>9 A. Because if you have -- just because</p> <p>10 you have a dataset, it doesn't necessarily mean</p> <p>11 that it's going to be informative and stuff.</p> <p>12 You have to understand the limitations and</p> <p>13 strengths of each dataset and stuff, and</p> <p>14 understand where it came from, what it means,</p> <p>15 and how it was entered.</p> <p>16 Q. So some datasets are better than</p> <p>17 others?</p> <p>18 A. Yes.</p> <p>19 Q. What makes a dataset more reliable</p> <p>20 than another?</p> <p>21 A. Consistency.</p> <p>22 Q. Consistency, what do you mean by</p> <p>23 consistency?</p> <p>24 A. I mean having a consistent, like,</p> <p>25 data reporting system.</p>

<p style="text-align: right;">Page 74</p> <p>1 Q. Is inconsistency a frequent problem</p> <p>2 with databases?</p> <p>3 MR. LEDLIE: Object to the form of</p> <p>4 the question.</p> <p>5 A. Would you repeat that, please.</p> <p>6 Q. You indicated that consistency is</p> <p>7 something that makes data more reliable.</p> <p>8 A. Okay.</p> <p>9 Q. Is inconsistency in data something</p> <p>10 that you encounter when reviewing databases?</p> <p>11 A. What do you mean by inconsistency?</p> <p>12 Q. The opposite of consistency.</p> <p>13 A. Well, what is consistency then?</p> <p>14 What does that mean to you?</p> <p>15 Q. What does it mean to you?</p> <p>16 A. Being reliable.</p> <p>17 Q. So I asked previously what makes a</p> <p>18 dataset more reliable, and you said</p> <p>19 consistency.</p> <p>20 A. Uh-huh.</p> <p>21 Q. And then you defined consistency as</p> <p>22 reliable. Help me understand, because -- help</p> <p>23 me and the uninitiated, what is consistency?</p> <p>24 A. Consistency in regards to database,</p> <p>25 like we talked about, it means that you have a</p>	<p style="text-align: right;">Page 76</p> <p>1 what we previously talked about, my internship,</p> <p>2 the CIT reporting and stuff that I did with the</p> <p>3 ADM Board. We didn't know if that was, like,</p> <p>4 a -- you know, doing the kernel density</p> <p>5 estimates, we didn't know whether we were</p> <p>6 picking up CIT incidence or good police</p> <p>7 patterns and stuff.</p> <p>8 So you have to be able to</p> <p>9 understand, like, what exactly the database is</p> <p>10 saying and stuff before you can come up with,</p> <p>11 like, interpretations and stuff often.</p> <p>12 Q. So in that instance, because of</p> <p>13 limitations in the data, you said you couldn't</p> <p>14 tell whether you were picking up CIT incidence</p> <p>15 or good police patterns?</p> <p>16 MS. KOUBA: Object to form.</p> <p>17 Q. Is that right; is that what you</p> <p>18 said?</p> <p>19 A. Can you repeat that.</p> <p>20 Q. Just to repeat what you said, just</p> <p>21 so I understand, because of limitations in the</p> <p>22 data you were looking at, you said, "We didn't</p> <p>23 know whether or not we were picking up CIT</p> <p>24 incidence or good police patterns"?</p> <p>25 A. Yes, I said that.</p>
<p style="text-align: right;">Page 75</p> <p>1 database, like, reporting system and stuff.</p> <p>2 Everybody is entering in data the same way.</p> <p>3 What I think that you mean by</p> <p>4 inconsistency is that if you don't have a good</p> <p>5 reporting system, if everybody is entering in</p> <p>6 data differently, then you don't have a good</p> <p>7 database.</p> <p>8 Q. Okay. What else -- what other</p> <p>9 considerations would you give when looking at a</p> <p>10 database to determine if it is reliable, other</p> <p>11 than consistency?</p> <p>12 A. Limitations, like what are the</p> <p>13 limitations of the database.</p> <p>14 Q. What do you mean by the word</p> <p>15 limitations?</p> <p>16 A. In regards to databases, what I</p> <p>17 mean is limitations being that if there is any</p> <p>18 type of, like, qualitative data in a set, then</p> <p>19 it's going to be -- it can be varied, depending</p> <p>20 on who is entering in the data. Also -- so</p> <p>21 that's one thing you have to note.</p> <p>22 And you have to understand what the</p> <p>23 database is actually saying and what it is</p> <p>24 actually recording.</p> <p>25 An example of that, you know, is</p>	<p style="text-align: right;">Page 77</p> <p>1 Q. So are you saying that the data</p> <p>2 affected the kinds of decision -- the kinds of</p> <p>3 conclusions you could draw from the data?</p> <p>4 A. Yes, it could.</p> <p>5 Q. Is that something that you see</p> <p>6 generally, that the inputs determine and/or</p> <p>7 limit the conclusions that can be drawn from a</p> <p>8 dataset?</p> <p>9 MS. KOUBA: Object to form.</p> <p>10 A. Can you repeat that again.</p> <p>11 Q. Is it fair to say that the data</p> <p>12 that is -- the kinds of data that is collected</p> <p>13 can impact or limit the decisions that can be</p> <p>14 drawn from the data?</p> <p>15 A. I would say yes.</p> <p>16 Q. So to use a phrase that is</p> <p>17 sometimes used in this realm, have you ever</p> <p>18 heard the phrase, "Garbage in, garbage out"?</p> <p>19 A. Yes, I have.</p> <p>20 Q. What does that mean, from a data</p> <p>21 analyst's perspective?</p> <p>22 A. What you put into it is what you</p> <p>23 get out of it.</p> <p>24 Q. And if you put in compromised data,</p> <p>25 is it fair to say that the conclusions would be</p>

<p style="text-align: right;">Page 78</p> <p>1 compromised?</p> <p>2 A. What do you mean by compromised?</p> <p>3 Q. If you put in data that is not</p> <p>4 reliable, then the conclusions are not -- are</p> <p>5 likely not reliable as well, right?</p> <p>6 A. Yes, that's correct.</p> <p>7 Q. So would you say a big part of your</p> <p>8 job as a data analyst is to assess the</p> <p>9 reliability of data?</p> <p>10 A. Yes.</p> <p>11 Q. Because the reliability of data</p> <p>12 impacts the conclusions you can draw from it?</p> <p>13 A. Yes.</p> <p>14 Q. You mentioned where the data came</p> <p>15 from, what it means, and how it was entered, in</p> <p>16 your previous testimony about what you are</p> <p>17 looking for in assessing the reliability of</p> <p>18 data.</p> <p>19 Anything else that you look at in</p> <p>20 determining whether a dataset or a database is</p> <p>21 reliable?</p> <p>22 MS. KOUBA: Object to form.</p> <p>23 A. I'm sorry. Could you rephrase that</p> <p>24 question, because I'm not quite understanding</p> <p>25 what you are asking.</p>	<p style="text-align: right;">Page 80</p> <p>1 and stuff from an agency, it doesn't</p> <p>2 necessarily mean that it is originated from</p> <p>3 that agency. So that would be the where from.</p> <p>4 The originators of the dataset</p> <p>5 would be a primary data source and stuff, and</p> <p>6 the dependability would depend on, like, you</p> <p>7 know, the, I guess, the consistency of the</p> <p>8 original -- the primary data source itself.</p> <p>9 Q. So walk me through the process.</p> <p>10 You receive a database or a dataset and you</p> <p>11 want to say -- you want to determine if you can</p> <p>12 rely on this database to draw conclusions.</p> <p>13 What steps do you take?</p> <p>14 MS. KOUBA: Object to form.</p> <p>15 A. What do you mean by what steps you</p> <p>16 take?</p> <p>17 Q. What do you do to determine if it</p> <p>18 is reliable?</p> <p>19 A. I'm sorry.</p> <p>20 Q. Do you call the people who sent the</p> <p>21 data over to you? Do you talk to the people</p> <p>22 who entered the data? Do you have -- you know,</p> <p>23 what kinds of things, what kinds of steps would</p> <p>24 you take to determine the reliability of data?</p> <p>25 A. Well, to see, like, if it is</p>
<p style="text-align: right;">Page 79</p> <p>1 Q. Sure. So you mentioned</p> <p>2 consistency, you've mentioned where data comes</p> <p>3 from, and you mentioned looking at what data</p> <p>4 means, you mentioned that looking at how it was</p> <p>5 entered, in order to assess whether a dataset</p> <p>6 is reliable.</p> <p>7 Is there anything else that you</p> <p>8 look at, in order to assess whether a database</p> <p>9 is reliable?</p> <p>10 MS. KOUBA: Object to form.</p> <p>11 A. What do you mean by anything else?</p> <p>12 Q. Anything other than those four</p> <p>13 things that I just mentioned.</p> <p>14 A. Yes.</p> <p>15 Q. What else, what else would you look</p> <p>16 at to determine if a dataset is reliable?</p> <p>17 A. The source of the data.</p> <p>18 Q. And is that different from where it</p> <p>19 came from?</p> <p>20 A. It can be.</p> <p>21 Q. How?</p> <p>22 A. Again, it depends on who is, like,</p> <p>23 you know, entering it and stuff, and where that</p> <p>24 data originates from and stuff.</p> <p>25 If you are getting a data source</p>	<p style="text-align: right;">Page 81</p> <p>1 reasonable, you know, and stuff, to expect that</p> <p>2 it may be an outlier and stuff.</p> <p>3 If you have, like, an agency that's</p> <p>4 posting, like, an 85 percent, like, success</p> <p>5 rate, and the national average is 42 percent,</p> <p>6 then you want to know how they got to the 85</p> <p>7 percent and stuff, you know, and how are they</p> <p>8 calculating that 85 percent.</p> <p>9 So, yeah, I would definitely</p> <p>10 contact the agency and figure it out, like, you</p> <p>11 know, what exactly -- how did they come up with</p> <p>12 their numbers and stuff and determine whether</p> <p>13 that was like a mistake or whether that was</p> <p>14 something that was truly what I thought it</p> <p>15 meant.</p> <p>16 Q. And do you usually -- do you often</p> <p>17 dig into the data yourself and try to assess</p> <p>18 what's going on?</p> <p>19 A. What do you mean by that and stuff,</p> <p>20 dig into the data?</p> <p>21 Q. So other than calling them up and</p> <p>22 saying, hey, why is your number -- why are your</p> <p>23 numbers so much higher than the national</p> <p>24 average, would you also look at the data and</p> <p>25 try to figure out if there is something going</p>

<p style="text-align: right;">Page 82</p> <p>1 on?</p> <p>2 A. That would probably be my first</p> <p>3 step, to see, like -- if the raw data is</p> <p>4 available and stuff, then I would go through it</p> <p>5 and see if I could replicate what the agency</p> <p>6 had given me.</p> <p>7 If I could replicate it and stuff,</p> <p>8 I would still call them, and I would still say,</p> <p>9 like, I'm noticing you have got, like, an 85</p> <p>10 percent success rate, that's higher than, you</p> <p>11 know, the national average is, what did you do?</p> <p>12 Because we want to know -- like, if</p> <p>13 it's a success story, we want to know what was</p> <p>14 done so that we can replicate that throughout</p> <p>15 our system and stuff, or let other stakeholders</p> <p>16 know what's going on.</p> <p>17 Q. And what do you mean by replicate?</p> <p>18 A. Reproduce.</p> <p>19 Q. What do you mean by reproduce?</p> <p>20 A. Duplicate.</p> <p>21 Q. What do you mean by duplicate?</p> <p>22 A. What other words do you want?</p> <p>23 Q. So what does it mean to replicate</p> <p>24 somebody's data?</p> <p>25 MS. KOUBA: Object to form.</p>	<p style="text-align: right;">Page 84</p> <p>1 Q. So every time you get a database,</p> <p>2 you would try to make a determination about its</p> <p>3 reliability before relying on it?</p> <p>4 A. I would want to understand where it</p> <p>5 came from and how it came to be.</p> <p>6 Q. And, again, is it fair to say that</p> <p>7 that is because you wanted to ensure that you</p> <p>8 could draw reliable conclusions from the</p> <p>9 database?</p> <p>10 A. Yes.</p> <p>11 Q. How does the way a term is defined</p> <p>12 in the data collection process important to the</p> <p>13 reliability of data?</p> <p>14 A. That's very important.</p> <p>15 Q. Why?</p> <p>16 A. Because if you have a</p> <p>17 definition of -- if I'm thinking of one</p> <p>18 definition and the person, like, entering it is</p> <p>19 thinking of another definition, it could</p> <p>20 possibly compromise the dataset.</p> <p>21 So you want to make sure that you</p> <p>22 communicate that through whoever is collecting</p> <p>23 it, to make sure that the database could be</p> <p>24 consistent.</p> <p>25 Q. How could it compromise the</p>
<p style="text-align: right;">Page 83</p> <p>1 MR. LEDLIE: Object to the form of</p> <p>2 the question.</p> <p>3 Q. I'm simply asking, when you said</p> <p>4 you would try to replicate the data, walk me</p> <p>5 through what that process might entail?</p> <p>6 MS. KOUBA: Object to form.</p> <p>7 A. Yeah, I don't replicate data and</p> <p>8 stuff. I replicate the analysis.</p> <p>9 Q. Okay. What does it mean to</p> <p>10 replicate the analysis?</p> <p>11 A. Replicate the analysis is that I</p> <p>12 want to be able to do what they did to come up</p> <p>13 with that conclusion and stuff.</p> <p>14 Q. So if they say this is an 85</p> <p>15 percent success rate, you would look at the</p> <p>16 data to see if you can come to the same</p> <p>17 conclusion, that there was an 85 percent</p> <p>18 success rate?</p> <p>19 A. Yes, that's what I would do.</p> <p>20 Q. Is it important, was it -- strike</p> <p>21 that.</p> <p>22 In your position as a data analyst,</p> <p>23 did you ever accept that data was reliable</p> <p>24 without investigating it first?</p> <p>25 A. No.</p>	<p style="text-align: right;">Page 85</p> <p>1 dataset?</p> <p>2 A. Because then you get, like,</p> <p>3 unreliabilities, or you may not be able to use</p> <p>4 that if you are cross-comparing, like,</p> <p>5 different datasets.</p> <p>6 Q. Do you have any examples of how the</p> <p>7 way a term is defined has compromised a</p> <p>8 conclusion that can be drawn from it?</p> <p>9 A. Yes, I do.</p> <p>10 Q. Can you give me one?</p> <p>11 A. Like, for instance, with cities and</p> <p>12 stuff, if you put down, like, the City of</p> <p>13 Akron, and you put down the zip code 44312,</p> <p>14 that actually could be two different cities and</p> <p>15 stuff, which is Green and then Akron City</p> <p>16 itself.</p> <p>17 So you have to be able to</p> <p>18 understand, like, where exactly that came from</p> <p>19 and be able to pinpoint that. Otherwise, you</p> <p>20 wouldn't know whether it came from Akron or</p> <p>21 Green.</p> <p>22 Q. So if somebody says I want to know</p> <p>23 how many grocery stores there are in Akron, and</p> <p>24 your dataset shows the number of grocery stores</p> <p>25 in zip code 44132, you wouldn't be able to</p>

<p style="text-align: right;">Page 86</p> <p>1 answer the question because of the data that 2 you had collected? 3 MS. KOUBA: Object to form. 4 A. Could you repeat that. 5 Q. I'm just using an example here, a 6 hypothetical, to try to understand what you 7 said. 8 The hypothetical is, somebody asks 9 the question, how many grocery stores are there 10 in Akron, and you have a dataset that says 11 there are ten grocery stores within zip code 12 44132. From that dataset, could you answer the 13 person's question? 14 A. When you are saying 44132, are you 15 meaning 44312? 16 Q. Yes, I am. 17 A. I just want to make sure we're 18 clear. 19 Q. Yes. Just the zip code that I 20 mentioned, it doesn't matter what zip code we 21 are talking about, I'm just using it as an 22 example. 23 A. You would be able to tell and stuff 24 how many grocery stores are in there. 25 Q. I guess I must be confused. So you</p>	<p style="text-align: right;">Page 88</p> <p>1 then you might have an issue, but most people, 2 at least in my field and other related fields, 3 would look at more of, like, a mapping and GIS 4 and other information to be able to figure out 5 where the grocery stores are and wouldn't just 6 look at the zip code. 7 Q. Okay. So if all you had was the 8 dataset, the definition -- or that data 9 wouldn't be enough, but you could look beyond 10 the dataset to try to understand further? 11 A. Yes. 12 Q. But if you don't have more data, 13 then you can't answer the question that I 14 asked -- strike that. 15 If all you have is the zip code 16 data, then you can't answer the question about 17 how many grocery stores in a particular city? 18 A. No. You would only be answering 19 how many are in that zip code. 20 Q. Okay. What other limitations might 21 exist in data, beyond what we have identified 22 already? 23 A. None that I could think of right 24 now. 25 Q. Okay. Let's turn to your roles and</p>
<p style="text-align: right;">Page 87</p> <p>1 said earlier -- let me just repeat what you 2 said. 3 If you put down, like, the City of 4 Akron, and you put down the zip code 44312, 5 that actually could be two different cities? 6 A. Yes. 7 Q. Which is Green and then Akron City 8 itself. 9 So if you only have -- so if I 10 understand, am I understanding you correctly, 11 that if you only have data for zip code 44312, 12 that you couldn't differentiate between Akron 13 and Green, based on the dataset that you have? 14 A. Yes, you could differentiate it. 15 Q. How? 16 A. The example that I stated and what 17 you are saying is two different things. The 18 example that I stated was based on, you know -- 19 let me clarify that -- was based on residency 20 and stuff. But what you are talking about is 21 if you have the ability to, like, figure out 22 where the grocery store is, and, yes, you can 23 do that. 24 Now, if you just look at a dataset 25 itself and you don't look at anything else,</p>	<p style="text-align: right;">Page 89</p> <p>1 responsibilities at Summit ADM. 2 The title of your position was 3 research and quality improvement coordinator; 4 is that correct? 5 A. Yes. 6 Q. What were your responsibilities as 7 research and quality improvement coordinator? 8 A. To -- I mean, in general, to 9 coordinate research with other stakeholders, 10 internally and externally, and also with 11 quality improvement, how do you improve the 12 operations of whatever task I was assigned to. 13 Q. Anything else? 14 A. No, that's pretty much in general. 15 Q. Did you have any involvement in 16 budgeting matters? 17 A. No, I did not. 18 Q. Did you ever look at budgets? 19 A. Other than my own contracts, no. 20 Q. What do you mean by your own 21 contracts? 22 A. I had one contract that I worked on 23 a research project with, and it had a budget. 24 Q. What was that contract? 25 A. It was a contract looking at</p>

<p style="text-align: right;">Page 90</p> <p>1 long-acting injectables and stuff, and their 2 affects on people who have schizophrenia, and 3 how it affected their involvement in the 4 criminal justice system. 5 Q. Where was this contract -- where 6 did it originate from? 7 A. It originated from -- Dr. Smith had 8 been approached by representatives from Janssen 9 Pharmaceuticals. 10 Q. And Dr. Smith is who again? 11 A. Dr. Smith is the medical director 12 at Summit County ADM Board. 13 Q. Was your time divided between the 14 AOD and the mental health sides of Summit ADM? 15 A. What do you mean by divided? 16 Q. Did you -- was all of your work in 17 the substance use disorder aspects of ADM's 18 operations? 19 A. No, it wasn't. 20 Q. How much time did you spend -- if 21 you had to estimate, how much time did you 22 spend in both areas? 23 A. I would say that, you know, since I 24 did come in 2016, the majority of my time was 25 spent on the opiate epidemic.</p>	<p style="text-align: right;">Page 92</p> <p>1 Q. Can you remember some of them? 2 A. No. I can't remember, like, all 3 the names and specifics of the reports that 4 I've read. 5 Q. Did you ever read the State of 6 Ohio's Prescription Drug Abuse Task Force 7 report that was created in 2010 about the 8 opioid epidemic? 9 A. I can't remember whether I have or 10 not. 11 Q. Other than reading reports, what 12 else did you do to become the definitive person 13 on statistics relating to the opioid epidemic? 14 A. I did, like, what I was tasked 15 with. 16 Q. Anything beyond what you were 17 tasked with? Did you do any extracurricular 18 research or study relating to the opioid 19 epidemic? 20 A. What do you mean by 21 extracurricular? 22 Q. Outside of what you were tasked 23 with. 24 A. Outside of what I was tasked with, 25 yes.</p>
<p style="text-align: right;">Page 91</p> <p>1 Q. You mentioned that you, prior to 2 joining ADM, you didn't have any -- you didn't 3 have a whole lot of understanding about 4 statistics relating to opioids. So did you do 5 a lot of on-the-job learning and education 6 about that? 7 MS. KOUBA: Object to form. 8 A. What do you mean by statistics 9 related to opioids? 10 Q. Just referring to your earlier 11 testimony, you said you were not that 12 definitive person on statistics relating to the 13 opioid and heroin problem in Summit County 14 prior to joining Summit ADM Board. What did 15 you do to become that definitive person? 16 A. I learned my job and reached out to 17 stakeholders to get more of a knowledge base on 18 that topic. 19 Q. Did you read anything related -- 20 like, did you read any reports about the opioid 21 abuse problem? 22 A. Yes, research. 23 Q. What reports did you read? 24 A. I don't know all the data and 25 stuff.</p>	<p style="text-align: right;">Page 93</p> <p>1 Q. What did you do? 2 A. Again, I read different research 3 and stuff, different books, you know, did a 4 couple research projects and stuff that was 5 related to the opioid epidemic. 6 Q. What research projects? 7 A. There was a couple research 8 projects that I did with students and other 9 professors from different universities and 10 stuff, that kind of went over the opioid 11 epidemic in Summit County. 12 Q. Were you a mentor to these 13 students? 14 A. Yes, I was. 15 Q. Is this something you did 16 frequently, mentoring students? 17 A. Probably throughout my entire time 18 at the ADM Board, yes. 19 Q. Do you recall the subject matter of 20 these projects that you worked on, the specific 21 subject matter; in other words, it was about 22 the opioid epidemic problem, but what 23 specifically about the opioid epidemic? 24 MS. KOUBA: Object to the form. 25 A. I'm sorry. Could you be more</p>

<p style="text-align: right;">Page 94</p> <p>1 detailed and stuff?</p> <p>2 Q. These projects that you worked on</p> <p>3 with these students, what specifically,</p> <p>4 relating to opioids, were these projects about?</p> <p>5 A. A lot of it was involving the</p> <p>6 medical examiner's records. Some of it was on</p> <p>7 Barberton Police Department, their Narcan</p> <p>8 usage.</p> <p>9 Q. Anything else?</p> <p>10 A. No. That's the overarching topics</p> <p>11 of those research projects.</p> <p>12 Q. You mentioned that you succeeded</p> <p>13 Thomas Grande?</p> <p>14 A. Yes.</p> <p>15 Q. How long was he there, prior to you</p> <p>16 joining Summit ADM?</p> <p>17 A. I believe 26 years, but I'm not</p> <p>18 exactly sure how many years, but it was around</p> <p>19 there.</p> <p>20 Q. How were your responsibilities as</p> <p>21 research and quality improvement coordinator</p> <p>22 different from what he did in his role?</p> <p>23 MS. KOUBA: Object to the form of</p> <p>24 the question.</p> <p>25 A. I'm not sure and stuff.</p>	<p style="text-align: right;">Page 96</p> <p>1 A. Because if I had an understanding</p> <p>2 of the limitations of our data's strengths, I</p> <p>3 would be able to use that in getting better</p> <p>4 interpretations and stuff.</p> <p>5 Q. So examining the data yourself</p> <p>6 enabled you to understand the limitations of</p> <p>7 the data?</p> <p>8 A. Yes, that and speaking with our IT</p> <p>9 department, to make sure whatever I was coming</p> <p>10 up with or interpreting is correct.</p> <p>11 Q. Did you think that made a</p> <p>12 difference?</p> <p>13 MR. LEDLIE: Object to form of the</p> <p>14 question.</p> <p>15 A. A difference in what?</p> <p>16 Q. Do you think it improved the</p> <p>17 quality of the data analysis?</p> <p>18 A. Improve the quality of data</p> <p>19 analysis to compare to what exactly?</p> <p>20 Q. Did your decision to dig into the</p> <p>21 data itself improve the kinds of insights that</p> <p>22 you were able to obtain while working at Summit</p> <p>23 ADM?</p> <p>24 MS. KOUBA: Object to the form of</p> <p>25 the question.</p>
<p style="text-align: right;">Page 95</p> <p>1 Q. Was Mr. Grande a statistical</p> <p>2 analysis expert?</p> <p>3 A. Yes, he was.</p> <p>4 Q. So did he do the same -- did he</p> <p>5 do the -- did he analyze databases as part of</p> <p>6 his job at Summit ADM?</p> <p>7 MS. KOUBA: Object to the form of</p> <p>8 the question.</p> <p>9 A. No, he didn't, not the same way I</p> <p>10 did.</p> <p>11 Q. What do you mean by that?</p> <p>12 A. He got his data and information</p> <p>13 from IT and stuff, and they helped him with</p> <p>14 whatever reports he needed. At least that's my</p> <p>15 understanding.</p> <p>16 Q. What do you mean by IT?</p> <p>17 A. Information technology department.</p> <p>18 Q. At Summit ADM?</p> <p>19 A. Yes.</p> <p>20 Q. And how is that different from what</p> <p>21 you do?</p> <p>22 A. I got it directly from our servers</p> <p>23 and our databases.</p> <p>24 Q. Why did you choose to do it</p> <p>25 differently?</p>	<p style="text-align: right;">Page 97</p> <p>1 A. I'm not sure, because I don't know</p> <p>2 what you are saying and stuff, you know, as far</p> <p>3 as, like, improving and stuff, because -- could</p> <p>4 you, like, rephrase that or add more to it and</p> <p>5 stuff, because I just don't understand exactly</p> <p>6 what you are saying.</p> <p>7 Q. Sure. Let's move on.</p> <p>8 You mentioned these reports that</p> <p>9 you worked on with students. Did you generate</p> <p>10 reports -- sorry. Strike that.</p> <p>11 You mentioned these projects that</p> <p>12 you were working on with students. Did you</p> <p>13 generate reports as a result of these projects?</p> <p>14 A. Yes.</p> <p>15 Q. And were they published?</p> <p>16 A. None were published at this time.</p> <p>17 - - - - -</p> <p>18 (Thereupon, Deposition Exhibit 4,</p> <p>19 Program Evaluation, Deterra Drug</p> <p>20 Disposal System, 2016, Beginning</p> <p>21 with Bates Label SUMMIT 001776772,</p> <p>22 was marked for purposes of</p> <p>23 identification.)</p> <p>24 - - - - -</p> <p>25 Q. I'm showing you what is being</p>

25 (Pages 94 - 97)

<p style="text-align: right;">Page 98</p> <p>1 marked as Exhibit 4, Bates stamped Summit 2 001776772. Do you recognize this document? 3 A. Yes, I do. 4 Q. What is it? 5 A. This is a report that a student 6 did. 7 Q. Is this one of those reports that 8 you mentioned -- that you were referring to 9 earlier? 10 A. Yes. 11 Q. And this wasn't published? 12 A. This was not published, no. 13 Q. If you look at the first page, 14 there is a comment from EH1. Is that you? 15 A. Yes, it is. 16 Q. The EH is Eric Hutzell? 17 A. Yes. 18 Q. And 1 refers to comment number 1? 19 A. Yes. 20 Q. If you look at EH2, it appears that 21 EH2 is pointing toward the number 215; is that 22 right? 23 A. Yes. 24 Q. And you wrote, "The actual number 25 of 215, with 200 being Summit County residents.</p>	<p style="text-align: right;">Page 100</p> <p>1 Q. Do you recall what those different 2 definitions are? 3 A. No, I do not. That's the medical 4 examiner's department would have more 5 understanding of that than I do. 6 Q. The medical examiner's department 7 would have more understanding about -- 8 A. Their numbers. 9 Q. -- about the definitional 10 differences between Summit County Public Health 11 and the medical examiner? 12 A. I believe so. You would have to 13 ask them. 14 Q. But you, sitting here, can't say 15 what the difference is between the definitions 16 employed by the Summit County Health Department 17 and the medical examiner? 18 MS. KOUBA: Object to form of the 19 question. 20 A. What do you mean by definitions? I 21 guess I should ask that. 22 Q. I'm just referring to what you said 23 here. 24 You said, "It comes from two 25 different datasets, both are correct but is</p>
<p style="text-align: right;">Page 99</p> <p>1 There has been a lot of miscommunication on the 2 actual numbers." What did you mean by that? 3 A. The health department uses a 4 different source than what we use. We use the 5 medical examiner's office numbers, and they use 6 the Ohio Department of Health numbers. 7 Q. When you refer to the health 8 department, what are you referring to? 9 A. Summit County Health Department. 10 Q. So Summit County Health Department 11 uses the Ohio Department of Health numbers? 12 A. Yes. 13 Q. What does the medical examiner's 14 office use? 15 A. The medical examiner's office 16 numbers. 17 Q. And you indicate that there has 18 been a lot of miscommunication. What are you 19 referring to? 20 A. Well, because it comes from two 21 different datasets, both are correct, but it's 22 different points in time and stuff, and 23 different -- you know, and sometimes, I'm not 24 exactly clear, sometimes different definitions 25 and stuff.</p>	<p style="text-align: right;">Page 101</p> <p>1 different points in time and stuff, and 2 different -- you know, and sometimes, I'm not 3 exactly clear, sometimes different 4 definitions." 5 And I'm simply asking, what are 6 those different definitions that you are 7 referring to? 8 A. When we are talking about -- like, 9 two things pop in my head and stuff, as far as 10 definitions. One is the point in time itself. 11 I mean, how you define what period is going to 12 give you different numbers. 13 The medical examiner's office 14 defines things through a calendar year, which 15 is January 1 to December 31. My understanding 16 of what the health department does, through the 17 Ohio Department of Health and their vital 18 statistics program, is that they define it up 19 to July -- or June 30 and stuff. They cut it 20 off from like July 1 to June 30, was my 21 understanding and stuff about that. 22 Q. And you said two points pop in your 23 head. That was one. Is there another one? 24 A. Well, when you talk about 25 definitions, I think that you are -- when you</p>

<p style="text-align: right;">Page 102</p> <p>1 say that, I think you are more or less talking 2 about like how do you define a death and stuff, 3 and that part, I don't know and stuff, because 4 I'm not the expert on defining deaths. 5 Q. But you are aware of definitional 6 differences in defining death? 7 A. Yeah, how you do it, a drug 8 overdose death. 9 Q. And the Summit County defined it 10 differently than the medical examiner? 11 A. To my understanding. 12 Q. And how did you obtain that 13 understanding? 14 A. Through talking with people from 15 the medical examiner's office. 16 Q. But you don't -- but do you recall 17 what that difference is? 18 A. Yes, I do. 19 Q. What is it? 20 A. If you -- well, probably the better 21 is giving an example than trying to define it. 22 If a person dies at their place of 23 residence, and EMS shows up, they are already 24 dead, they do a toxicology report and they find 25 opiates, and they are going to relate it to a</p>	<p style="text-align: right;">Page 104</p> <p>1 like, every week as they start catching up with 2 their reports. 3 Q. You said, "It's more complicated 4 than it sounds." What do you mean by that? 5 A. I think that was just a sentence of 6 reassurance to a student. 7 Q. EH3, the next comment down, states, 8 "Most deaths are considered drug overdoses, 9 because a lot of times, the person takes 10 multiple drugs and the actual drug that caused 11 the death is undetermined." What did you mean 12 by that? 13 MS. KOUBA: Object to form of the 14 question. 15 A. That was my understanding of what 16 the medical examiner's office was telling me. 17 Q. So most -- so most deaths -- strike 18 that. 19 The presence of multiple drugs in 20 the system can make it difficult to determine 21 the cause of death; is that fair? 22 MR. LEDLIE: Objection. 23 MS. KOUBA: Objection to the form 24 of the question. 25 A. I'm sorry. Could you repeat that.</p>
<p style="text-align: right;">Page 103</p> <p>1 drug overdose death. 2 If that same person is alive when 3 they get there, but then they go to the 4 hospital, say they are still alive in the 5 hospital, and then all of a sudden their liver 6 fails, then they die due to the liver failure. 7 And so that would be the difference 8 in the definition. It has to do with place and 9 stuff, and again that's my understanding of it. 10 The health department and the medical 11 examiner's office would be able to tell more 12 detail about that than I would. 13 Q. But from your understanding, the 14 health department and the medical examiner's 15 office define it differently? 16 A. From my understanding, yeah. 17 Q. You say, "Don't feel bad about this 18 one, every other week there is a different 19 number floating around the county." What did 20 you mean by that? 21 A. The medical examiner's office, 22 like, at that timeframe, this was done in 2016, 23 they were having -- and this is 2015, so they 24 were behind on their reporting and stuff. 25 So you get a different number,</p>	<p style="text-align: right;">Page 105</p> <p>1 Q. So reading this comment, is it fair 2 to say that, based on your understanding from a 3 medical examiner's office, most -- when there 4 are multiple drugs in a person's system, the 5 cause of death can be difficult to determine? 6 MS. KOUBA: Object to the form. 7 A. That's my understanding from what I 8 heard from the medical examiner's office, but, 9 again, they would be the experts on that, to be 10 able to tell what exactly goes on with that. 11 Q. But you reviewed a lot of these 12 medical examiner records, right? 13 A. Yes, I have. 14 Q. At lot of our projects, as you 15 mentioned earlier, with students and as part of 16 your work involved analyzing and examining 17 medical examiner's records? 18 A. Yes. 19 Q. So when you say, "A lot of times a 20 person takes multiple drugs and the actual drug 21 that caused the death is undetermined," that's 22 based on your experience reading these medical 23 examiner records? 24 A. Yes, it is. 25 Q. And from that, from reviewing those</p>

<p style="text-align: right;">Page 106</p> <p>1 medical examiner records -- actually, strike 2 that. 3 Let's turn to page 5, the section 4 titled Limitations. What is the purpose of a 5 limitations section in a project like this? 6 A. To reveal what the limitations of 7 the data are -- 8 Q. And why -- 9 A. -- and the research. 10 Q. And why is it important to reveal 11 that? 12 A. Because whoever would be reading 13 this has to know what the limitations are, if 14 they wanted to replicate it or if they wanted 15 to improve the research. 16 Q. Do the limitations -- does a 17 limitations section inform the reader on what 18 conclusions can be drawn from the data? 19 A. No, it doesn't. 20 Q. But does it influence their ability 21 to understand what can be drawn from the data? 22 A. Yes, it does. 23 Q. And here it looks like the 24 individual who wrote this said, "The first 25 limitation is relevant to data collection</p>	<p style="text-align: right;">Page 108</p> <p>1 question. 2 THE NOTARY: Question: "And if you 3 were going to improve the ability to draw 4 conclusions from the data, would you -- would 5 the next step be to try to be more specific 6 with what was written on the postcards?" 7 A. Yes. 8 Q. Can we take a break? 9 A. Sure. 10 THE VIDEOGRAPHER: Off the record 11 at 11:31. 12 (Recess taken.) 13 THE VIDEOGRAPHER: On the record, 14 11:48. 15 Q. Welcome back, Mr. Hutzell. 16 A. Thank you. 17 Q. I am showing you what is being 18 marked as Exhibit 5. It is Bates stamped 19 Summit 001795395. 20 - - - - - 21 (Thereupon, Deposition Exhibit 5, 22 Opiate Task Force Data Dashboard, 23 Beginning with Bates Label SUMMIT 24 001795395, was marked for purposes 25 of identification.)</p>
<p style="text-align: right;">Page 107</p> <p>1 analysis; the focus group questionnaire was 2 worded in a confusing manner and made it 3 difficult to determine what was implied by some 4 of the results." What do you understand that 5 to mean? 6 A. She is talking about the postcards 7 that were off the Detera -- the Detera bag, 8 and I believe at the time they -- it wasn't 9 specific enough, and so whoever was filling out 10 the survey could, like, interpret it different 11 ways. 12 Q. So the information -- the data that 13 was collected wasn't specific, and so it could 14 be interpreted multiple ways? 15 A. Yes. 16 Q. And if you were going to improve 17 the ability to draw conclusions from the data, 18 would you -- would the next step be to try to 19 be more specific with what was written on the 20 postcards? 21 MS. KOUBA: Object to the form of 22 the question. 23 A. I'm sorry. Could you repeat that. 24 Q. I will just -- 25 MR. MASTERS: Can you repeat my</p>	<p style="text-align: right;">Page 109</p> <p>1 - - - - - 2 Q. Do you recognize this document? 3 A. Yes I do. 4 Q. What is it? 5 A. This is the Opiate Task Force data 6 dashboard. 7 Q. Did you prepare this document? 8 A. Yes, I did. 9 Q. Are these data dashboards something 10 that you regularly prepared as part of your 11 work at Summit ADM? 12 A. Yes, they are. 13 Q. Were data dashboards being prepared 14 prior to you joining Summit ADM? 15 A. Yes, they were. 16 Q. Who prepared this? 17 A. I believe it was Tom Grande. 18 Q. Before we get into this document, 19 you referenced that it is the data dashboard 20 for the Summit County Opiate Task Force, right? 21 A. Yes -- or the Opiate Task Force 22 data dashboard. 23 Q. And we talked earlier about now 24 important definitions are to understanding and 25 being able to draw conclusions from data; is</p>

<p style="text-align: right;">Page 110</p> <p>1 that right?</p> <p>2 A. Yes.</p> <p>3 Q. So the word opiate, how do you</p> <p>4 understand that word to be defined?</p> <p>5 A. An opiate is a type of medication,</p> <p>6 legal or illicit and stuff, that comes from the</p> <p>7 opiate plant, from the poppy plant. That's my</p> <p>8 understanding of it, but I'm not a pharmacist,</p> <p>9 so...</p> <p>10 Q. Have you ever heard the term</p> <p>11 opioid?</p> <p>12 A. Yes, I have.</p> <p>13 Q. Do you understand if there a</p> <p>14 difference between the term opiate and opioid?</p> <p>15 A. Yeah. Opioid is synthetic. Opiate</p> <p>16 is natural.</p> <p>17 Q. What do you mean by synthetic</p> <p>18 versus natural?</p> <p>19 A. Synthetic, like, is manmade.</p> <p>20 Again, I'm not a pharmacist, so I don't know</p> <p>21 exactly, like, the term or what goes into</p> <p>22 making those two differences.</p> <p>23 Q. What kinds of substances are</p> <p>24 opioids?</p> <p>25 A. What do you mean, like what?</p>	<p style="text-align: right;">Page 112</p> <p>1 Q. And generally speaking, did you</p> <p>2 tend to lump the two together when you were</p> <p>3 talking about, say, the opioid problem?</p> <p>4 A. In what context and stuff are you</p> <p>5 referring to?</p> <p>6 Q. Generally speaking, if you are</p> <p>7 referring to the opioid epidemic, do you</p> <p>8 understand that to mean both opioids and</p> <p>9 opiates?</p> <p>10 A. In what type of setting are you</p> <p>11 referring to?</p> <p>12 Q. Are there setting in which you, you</p> <p>13 specifically in your role at Summit ADM,</p> <p>14 differentiate between the two?</p> <p>15 A. Yes.</p> <p>16 Q. What settings are those?</p> <p>17 A. Settings, you know, are different</p> <p>18 stakeholder meetings and stuff.</p> <p>19 Q. So there are some stakeholder</p> <p>20 meetings that are geared specifically toward</p> <p>21 opiates as opposed to opioids, or vice versa?</p> <p>22 A. No.</p> <p>23 Q. You just said that the settings in</p> <p>24 which you have differentiated between opiates</p> <p>25 and opioids are stakeholder meetings.</p>
<p style="text-align: right;">Page 111</p> <p>1 Q. What don't you understand about my</p> <p>2 question?</p> <p>3 A. I don't understand if you are</p> <p>4 asking, like, specific examples, or if you are</p> <p>5 asking, like, definitions.</p> <p>6 Q. Specific examples. What substances</p> <p>7 are you aware of that would be defined as an</p> <p>8 opioid?</p> <p>9 A. As an opioid and stuff, I believe,</p> <p>10 you know, that heroin would be an opioid, and I</p> <p>11 really can't say much, because I'm not the</p> <p>12 substance use, like, expert and stuff. So</p> <p>13 without, like, looking at, like, definitions</p> <p>14 and stuff like that, I wouldn't be able to tell</p> <p>15 off the top of my head.</p> <p>16 Q. Do you know whether oxycodone is an</p> <p>17 opiate or an opioid?</p> <p>18 A. No, I do not.</p> <p>19 Q. Do you know whether hydrocodone is</p> <p>20 an opiate or an opioid?</p> <p>21 A. No, I do not.</p> <p>22 Q. In your experience, do you use the</p> <p>23 word opiate to mean both opiate and opioid?</p> <p>24 A. In regards to the Opiate Task</p> <p>25 Force, yes.</p>	<p style="text-align: right;">Page 113</p> <p>1 A. When you say, like, that, when I</p> <p>2 differentiate, it means, like, I'm thinking</p> <p>3 that I'm sitting in a room talking to people</p> <p>4 and stuff and discussing an opiate versus an</p> <p>5 opioid, but, you know, so as far as like, you</p> <p>6 know, different types of meetings and stuff for</p> <p>7 that, for each one of those, no, there is no</p> <p>8 different meanings for those.</p> <p>9 Q. You use the terms interchangeably?</p> <p>10 A. Yes.</p> <p>11 Q. Okay. Turning to page 2 of this</p> <p>12 PowerPoint presentation, there is a list of the</p> <p>13 Opiate Task Force key critical indicators, and</p> <p>14 there are seven listed; is that right?</p> <p>15 A. Yes.</p> <p>16 Q. Who came up with these key</p> <p>17 indicators?</p> <p>18 A. It was a meeting and stuff between</p> <p>19 myself, Aimee Wade, Jerry Craig and Mary Alice.</p> <p>20 Q. And how did you settle on these</p> <p>21 seven indicators?</p> <p>22 A. They were the easiest to report on</p> <p>23 and collect the data from.</p> <p>24 Q. What do you mean by easiest to</p> <p>25 report on?</p>

<p style="text-align: right;">Page 114</p> <p>1 A. We were able to get the data and 2 stuff easier and stuff, without much of a 3 hassle. 4 Q. When -- why did you use the word 5 key critical indicators? 6 A. That was a definition that was 7 determined by, I believe, Jerry Craig, so he 8 would have a better answer than I would on 9 that. 10 Q. What did you understand it to mean? 11 A. What did I understand it to mean 12 and stuff? These were the seven items that 13 they wanted to be able to use to determine, 14 like, what type of, I guess, ecological results 15 were occurring within the county. 16 Q. Are these seven indicators 17 considered key because they are revealing about 18 the opioid problem in Summit County? 19 MS. KOUBA: Object to the form of 20 the question. 21 A. What do you mean by revealing? 22 Q. Do they -- do they help understand 23 the opioid problem in Summit County? 24 A. Yes. 25 Q. Do they help understand the opioid</p>	<p style="text-align: right;">Page 116</p> <p>1 overdoses per day, and it says EPiCenter data? 2 A. Yes. 3 Q. What is EPiCenter data? 4 A. EPiCenter data is a data source 5 that the health department has published on 6 their website. 7 Q. They publish the data source? 8 A. Yes. They published the numbers. 9 Q. Do they create the data source? 10 A. I'm not sure. You would have to 11 talk to the health department for that. 12 Q. What do you understand the 13 EPiCenter data source to contain? 14 A. It contains, like, different drug 15 overdoses, different metrics about drug 16 overdoses, and recently drug overdose deaths. 17 Q. And how is this data collected? 18 A. I'm not sure, because I'm not in 19 charge of that data. So that's the health 20 department. 21 Q. But you testified earlier that you 22 always investigate the reliability of data, 23 right? 24 A. Yes. 25 Q. And that entails understanding how</p>
<p style="text-align: right;">Page 115</p> <p>1 problem better than some other less key 2 critical indicators? 3 A. What type of, like, less key 4 critical indicators would you be referring to? 5 Q. Are these seven items considered 6 key because they are particularly revealing, 7 particularly helpful indicators? 8 A. They are helpful indicators, yes. 9 Q. So let's go through each one. 10 First is the drug overdoses per day, and it 11 says in parentheses, EPiCenter Data. What is 12 EPiCenter day? 13 A. When you say per day, which letter 14 are you looking at? 15 Q. This is the key critical indicator 16 slide, there are seven listed, and the first 17 one says drug overdoses per day. 18 A. So page two. Page two is not per 19 day. Page two is per month. 20 Q. So I'm looking at the key critical 21 indicators, the seven indicators that were 22 chosen in the meeting you participated in with 23 Jerry Craig -- 24 A. Sorry. 25 Q. -- and the first one says drug</p>	<p style="text-align: right;">Page 117</p> <p>1 it was collected, how it was sourced, where it 2 came from, what it means, right? 3 A. Yes. 4 Q. So did you not do that with the 5 EPiCenter data? 6 A. Yes, I did do that with the 7 EPiCenter data. The EPiCenter data comes from 8 the health department, the Summit County Public 9 Health Department. Where they get that dataset 10 from, I believe, you know, is the Ohio 11 Department of Health and stuff, but again, I'm 12 not in charge of that, so I would assume that 13 the Summit County Public Health Department data 14 is reliable. 15 Q. But you said earlier that you never 16 just assume the reliability of data, right? 17 MS. KOUBA: Object to the form of 18 the question. 19 A. Could you rephrase that. 20 Q. Previously you testified that when 21 you get a data source, you determine the 22 reliability of that data source, right? 23 A. Uh-huh. 24 Q. And that entails understanding how 25 the data was collected, right?</p>

<p style="text-align: right;">Page 118</p> <p>1 A. Uh-huh.</p> <p>2 Q. And now you are telling me that the</p> <p>3 EPiCenter data comes from the department of</p> <p>4 health, but that you didn't investigate how it</p> <p>5 was collected because it's not your job?</p> <p>6 MS. KOUBA: Objection to form.</p> <p>7 A. No, that's not what I'm saying at</p> <p>8 all.</p> <p>9 Q. So what are you saying? All I want</p> <p>10 to know is what are you saying and how is this</p> <p>11 data collected?</p> <p>12 A. The Summit County Public Health</p> <p>13 Department, which is a reliable source of data,</p> <p>14 collects this data and stuff, and they gather</p> <p>15 it and put it on their data dashboards.</p> <p>16 Q. And that's --</p> <p>17 A. And that's -- yes, because Summit</p> <p>18 County Public Health Department is a reliable</p> <p>19 source of data.</p> <p>20 Q. And that's the extent that you have</p> <p>21 looked into this data?</p> <p>22 A. Yes.</p> <p>23 Q. Okay. Let's turn to page 3. And</p> <p>24 this is Drug Overdose Emergency Department</p> <p>25 Visit Summary. What do you understand this</p>	<p style="text-align: right;">Page 120</p> <p>1 you can't overdose from it, but I would have to</p> <p>2 look that up to be able -- to be sure whether</p> <p>3 that's true or not.</p> <p>4 Q. But assuming that one could, and</p> <p>5 the person overdosed from methamphetamine, that</p> <p>6 would be reflected in this data?</p> <p>7 MS. KOUBA: Objection to the form.</p> <p>8 A. I'm not going to say that assuming</p> <p>9 somebody could overdose from methamphetamines,</p> <p>10 because, again, I don't know, but this drug</p> <p>11 overdose data is going to reflect every type of</p> <p>12 different drugs that you can overdose from.</p> <p>13 Q. Okay. It didn't differentiate</p> <p>14 between opioids, for example, versus cocaine?</p> <p>15 A. Not to my knowledge.</p> <p>16 Q. And this chart reflects data from</p> <p>17 three different years, correct?</p> <p>18 A. Yes, that is correct.</p> <p>19 Q. And the blue line is 2016?</p> <p>20 A. Yes.</p> <p>21 Q. And it appears there is a large</p> <p>22 spike from June of 2016 to July of 2016?</p> <p>23 A. Yes, that is true.</p> <p>24 Q. Were you at Summit ADM at that</p> <p>25 time?</p>
<p style="text-align: right;">Page 119</p> <p>1 graph to be depicting?</p> <p>2 A. It's the monthly total of people</p> <p>3 who had visited the emergency department for a</p> <p>4 drug overdose.</p> <p>5 Q. So each of these numbers listed on</p> <p>6 the chart is a monthly total?</p> <p>7 A. Yes.</p> <p>8 Q. And what is a drug overdose?</p> <p>9 A. A drug overdose is when somebody</p> <p>10 had overdosed from a drug.</p> <p>11 Q. Any drug?</p> <p>12 A. Yes, it could be.</p> <p>13 Q. So this data references all drug</p> <p>14 overdoses?</p> <p>15 A. Yes.</p> <p>16 Q. So if somebody overdosed from</p> <p>17 cocaine, that would be included in this data?</p> <p>18 A. Yes.</p> <p>19 Q. If somebody overdosed from</p> <p>20 methamphetamine, it would be included in this</p> <p>21 overdose -- or in this data?</p> <p>22 A. I'm not sure if that's an accurate</p> <p>23 statement and stuff, because I'm not sure if</p> <p>24 people can overdose from methamphetamines or</p> <p>25 not. My understanding is you can get high, but</p>	<p style="text-align: right;">Page 121</p> <p>1 A. Yes, I was.</p> <p>2 Q. Do you have -- what accounts for</p> <p>3 that large spike, in your understanding?</p> <p>4 A. Fentanyl and carfentanil.</p> <p>5 Q. What are fentanyl and carfentanil?</p> <p>6 A. They are opioids.</p> <p>7 Q. They are opioids?</p> <p>8 A. Yes.</p> <p>9 Q. Are they prescription opioids?</p> <p>10 A. I don't know about carfentanil,</p> <p>11 whether that is prescribed or not. Fentanyl I</p> <p>12 do know is prescribed.</p> <p>13 THE NOTARY: I'm sorry. I didn't</p> <p>14 hear that.</p> <p>15 A. Oh, sorry. I said that I don't</p> <p>16 know if carfentanil is prescribed or not, but I</p> <p>17 do know that fentanyl can be prescribed.</p> <p>18 Q. Do you know what carfentanil, if</p> <p>19 anything, is used for?</p> <p>20 A. The only thing I have heard is an</p> <p>21 elephant tranquilizer, but that's my extent of</p> <p>22 knowledge on that drug.</p> <p>23 Q. And this spike in overdoses that</p> <p>24 you attribute to fentanyl and carfentanil, was</p> <p>25 this a result of prescription fentanyl or</p>

<p style="text-align: right;">Page 122</p> <p>1 illicit fentanyl?</p> <p>2 MS. KOUBA: Object to the form.</p> <p>3 A. I don't know that. I'm not an</p> <p>4 expert on that.</p> <p>5 Q. So you don't have a view about</p> <p>6 whether this reflects a spike in illicit versus</p> <p>7 prescription?</p> <p>8 A. No, I don't know that question.</p> <p>9 Q. Do you know if the data indicates</p> <p>10 whether this spike corresponds to overdoses</p> <p>11 related to prescription fentanyl versus illicit</p> <p>12 fentanyl?</p> <p>13 MS. KOUBA: Object to the form.</p> <p>14 A. No, I still don't know that.</p> <p>15 Q. But what you do know is that this</p> <p>16 spike was related, in your view, to fentanyl</p> <p>17 and carfentanil?</p> <p>18 A. Yes, that was what the reports</p> <p>19 stated.</p> <p>20 Q. If we look the next page, this</p> <p>21 slide is titled Drug Overdose Emergency</p> <p>22 Department Visits Summary; is that right?</p> <p>23 A. Yes.</p> <p>24 Q. What is this graph depicting?</p> <p>25 A. The rounded average, averages of</p>	<p style="text-align: right;">Page 124</p> <p>1 A. Yes.</p> <p>2 Q. On what data did he base this?</p> <p>3 A. I'm not sure. You're going to have</p> <p>4 to ask him.</p> <p>5 Q. You didn't ask him?</p> <p>6 A. No.</p> <p>7 Q. You just -- he just sent you the</p> <p>8 PowerPoint and you put it in the presentation?</p> <p>9 A. Yeah. He said he wanted it. This</p> <p>10 was the drug overdose emergency department</p> <p>11 visits summary, and he wanted it in the data</p> <p>12 dashboard.</p> <p>13 Q. You mentioned that this spike that</p> <p>14 occurred between June and July of 2016, you</p> <p>15 understand that to be related to fentanyl and</p> <p>16 carfentanil. On what are you basing that</p> <p>17 understanding?</p> <p>18 A. Well, first, are you -- because we</p> <p>19 were on this page and stuff, and you are</p> <p>20 looking at another page and stuff, are you</p> <p>21 referring to that page now?</p> <p>22 Q. I'm referring generally to the</p> <p>23 spike between June and July of 2016, which you</p> <p>24 attributed to fentanyl and carfentanil, and I</p> <p>25 am asking, on what are you basing your</p>
<p style="text-align: right;">Page 123</p> <p>1 emergency room overdoses per day.</p> <p>2 Q. And again we see a large spike. Is</p> <p>3 that the same spike that was shown on the</p> <p>4 previous chart?</p> <p>5 A. To my knowledge, yes, but I didn't</p> <p>6 do this graph.</p> <p>7 Q. Who did this graph?</p> <p>8 A. This was Jerry Craig.</p> <p>9 Q. So this is an example, perhaps, of</p> <p>10 the 0.1 percent of data that didn't originate</p> <p>11 from you?</p> <p>12 A. That's true.</p> <p>13 Q. So some data came from other</p> <p>14 sources?</p> <p>15 A. Yes.</p> <p>16 Q. How often did Jerry Craig produce</p> <p>17 data?</p> <p>18 A. Not too much. I mean, he had,</p> <p>19 like, this graph that he liked to do, and, I</p> <p>20 believe, one other graph and stuff.</p> <p>21 Q. Why did he like to do this graph?</p> <p>22 A. I don't know. I didn't ask him.</p> <p>23 He just said he wanted that in the PowerPoint</p> <p>24 slide, so I put it in there.</p> <p>25 Q. So he made this?</p>	<p style="text-align: right;">Page 125</p> <p>1 understanding that that resulted from fentanyl</p> <p>2 and carfentanil?</p> <p>3 A. The medical examiner records.</p> <p>4 Q. So not the EPiCenter data?</p> <p>5 A. No.</p> <p>6 Q. Do you know whether the EPiCenter</p> <p>7 data indicates that the spike related to</p> <p>8 fentanyl and carfentanil?</p> <p>9 A. No, I do not.</p> <p>10 Q. And when you say you are basing it</p> <p>11 on the medical examiner records, what do you</p> <p>12 mean by that?</p> <p>13 MR. LEDLIE: Object to the form of</p> <p>14 the question.</p> <p>15 Q. You looked at the medical examiner</p> <p>16 records and saw a lot of entries relating to</p> <p>17 fentanyl and carfentanil?</p> <p>18 A. We did an analysis on it.</p> <p>19 Q. And what did your analysis -- what</p> <p>20 did you find, in your analysis?</p> <p>21 A. That there are a lot of fentanyl</p> <p>22 and carfentanil-related deaths.</p> <p>23 Q. During that time period?</p> <p>24 A. Yes.</p> <p>25 Q. And did your analysis of the</p>

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1 medical examiner records indicate whether, one
 2 way or another, whether the fentanyl-related
 3 deaths were from prescription or illicit
 4 fentanyl?
 5 A. No, not the ones that I saw.
 6 Q. Let's turn to page 7. What is the
 7 difference between a drug overdose and a drug
 8 overdose death?
 9 A. Well, a drug overdose death is when
 10 somebody dies from a drug overdose. A drug
 11 overdose, as stated in this particular slide,
 12 is when somebody has overdosed from drugs but
 13 has not died.
 14 Q. Okay. And this slide here on page
 15 7 refers to specifically to drug overdose
 16 deaths per month by year?
 17 A. Uh-huh.
 18 Q. And again, we see a very large
 19 spike in 2015 and 2016, right?
 20 A. Yes.
 21 Q. Is it your understanding that that
 22 spike in drug overdose deaths is also a result
 23 of fentanyl and carfentanil?
 24 A. In 2015 and 2016?
 25 Q. Yes.

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1 A. Yes, that's my understanding.
 2 Q. And again, that understanding is
 3 not -- strike that.
 4 Do you know whether the spike in
 5 overdose deaths relating to fentanyl
 6 corresponds to prescription fentanyl versus
 7 illicit fentanyl?
 8 MR. LEDLIE: Object to the form of
 9 the question.
 10 A. I don't have any way to
 11 differentiate that and stuff. It is just based
 12 on the medical examiner's data.
 13 Q. Flipping to page 8, this slide is
 14 titled OARRS report, right?
 15 A. Yes.
 16 Q. What is OARRS?
 17 A. OARRS is a reporting system that
 18 Ohio set up for doctors and pharmacists, I
 19 believe, and other agents -- other
 20 professionals that are able to prescribe
 21 opioids or opiates and stuff.
 22 Q. Did you put together this slide?
 23 A. Yes, I did.
 24 Q. How did you create this slide?
 25 A. How did I create this slide? I

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1 took the numbers from the OARRS database and
 2 put it into an Excel spreadsheet and then
 3 created a line graph with that.
 4 Q. What is the nature of your access
 5 to the OARRS database?
 6 A. Just public access and stuff.
 7 Q. So how do you access it?
 8 A. I go to the website, and there is a
 9 part that has statistics and stuff, and then I
 10 select which option that I want.
 11 Q. What kind of options are you
 12 allowed to select on this database?
 13 A. I don't know. There is like four
 14 different ones. I don't know all of them. The
 15 one I select is county statistics.
 16 Q. And specifically Summit County?
 17 A. Yes.
 18 Q. And what kind of statistics does it
 19 generate?
 20 A. It generates, like, opiate
 21 prescriptions, like, as far as how many has
 22 been prescribed in the county.
 23 Q. Prescribed or dispensed?
 24 A. Dispensed.
 25 Q. And why is opiate -- why did you

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1 include opiate doses dispensed per capita in
 2 this slide?
 3 A. Because it's easy to understand and
 4 stuff. When you are trying to explain
 5 statistics to somebody, you want to make it as
 6 easy as possible and stuff, so if you've got an
 7 audience, you want to make sure that they
 8 understand what is being said by the slide.
 9 Q. And what does opioid doses per
 10 capita reflect?
 11 A. How many doses were dispensed per
 12 individual.
 13 Q. And why is that a statistic that is
 14 worthy of including in the Opiate Task Force
 15 report?
 16 A. Because opioid and opiate
 17 prescription medications have been attributed
 18 to overdose deaths.
 19 Q. And so showing the trend is useful
 20 for what reason?
 21 A. To see how much prescription
 22 medications -- or to get an idea of how much
 23 prescription medications are being dispensed by
 24 professionals.
 25 Q. And why is it important to get an

<p style="text-align: right;">Page 130</p> <p>1 idea of that?</p> <p>2 A. I would say to better understand,</p> <p>3 like, you know, how much of the, you know,</p> <p>4 prescription medications are attributing to</p> <p>5 deaths and drug overdoses.</p> <p>6 Q. Does this data help you understand</p> <p>7 how prescription medications are attributed to</p> <p>8 deaths and drug overdoses?</p> <p>9 A. Yes.</p> <p>10 Q. Just to be clear, we are talking</p> <p>11 about opioid doses dispensed per capita?</p> <p>12 A. Yes.</p> <p>13 Q. How does opioid doses dispensed per</p> <p>14 capita tell you whether prescription</p> <p>15 medications are attributed to deaths and drug</p> <p>16 overdoses?</p> <p>17 MR. LEDLIE: Object to the form of</p> <p>18 the question. Sorry.</p> <p>19 A. Could you rephrase that?</p> <p>20 Q. What didn't you understand about my</p> <p>21 question?</p> <p>22 A. All of it. Could you repeat that,</p> <p>23 please?</p> <p>24 MR. MASTERS: Could you please</p> <p>25 repeat the question for the witness.</p>	<p style="text-align: right;">Page 132</p> <p>1 research reports that you can't remember?</p> <p>2 MS. KOUBA: Objection to the form</p> <p>3 of the question.</p> <p>4 A. That's not true and stuff.</p> <p>5 Q. Okay.</p> <p>6 A. I can remember things from my</p> <p>7 research. Just because I don't remember the</p> <p>8 authors and the title of it and stuff --</p> <p>9 MR. LEDLIE: Can you please quit</p> <p>10 interrupting him while he is answering your</p> <p>11 question.</p> <p>12 MR. MASTERS: Will do.</p> <p>13 Q. You said that this relates to</p> <p>14 depression, and you testified that in areas</p> <p>15 with a high amount of depression have a lot of</p> <p>16 different substance abuse issues.</p> <p>17 What kinds of substance abuse</p> <p>18 issues occur in areas with high degrees of</p> <p>19 depression?</p> <p>20 A. There is a lot of varying substance</p> <p>21 use issues and stuff and dependency that</p> <p>22 occurs. I don't have a specific one, if that's</p> <p>23 what you're looking for.</p> <p>24 Q. I just want to know what you were</p> <p>25 referring to when you said a lot of substance</p>
<p style="text-align: right;">Page 131</p> <p>1 THE NOTARY: Question: "How does</p> <p>2 opioid doses dispensed per capita tell you</p> <p>3 whether prescription medications are attributed</p> <p>4 to deaths and drug overdoses?"</p> <p>5 A. Because in various different</p> <p>6 research articles, it's been attributed to</p> <p>7 depression. The number of opiates dispensed or</p> <p>8 opioids dispensed in a population can be</p> <p>9 attributed to depression, and so when you have</p> <p>10 a high amount of depression in an area and</p> <p>11 stuff, you have a lot of different substance</p> <p>12 use issues and stuff, with that.</p> <p>13 So you kind of look at that like as</p> <p>14 an ecological factor and stuff. You know, like</p> <p>15 if there is a lot of opioids being dispensed in</p> <p>16 an area and stuff, then you have to be looking</p> <p>17 for those key indicators, as far as like</p> <p>18 depression and deaths.</p> <p>19 Q. So what research articles are you</p> <p>20 referring to?</p> <p>21 A. I can't name every article that</p> <p>22 I've read and stuff.</p> <p>23 Q. Can you name any?</p> <p>24 A. No, not off the top of my head.</p> <p>25 Q. So this conclusion is based on</p>	<p style="text-align: right;">Page 133</p> <p>1 abuse issues occur in areas with high degrees</p> <p>2 of depression?</p> <p>3 A. I mean, people getting -- having</p> <p>4 substance use disorders, a high amount of</p> <p>5 people having substance use disorders.</p> <p>6 Q. And so what does this opiate doses</p> <p>7 dispensed per capita, what does this graph and</p> <p>8 the data on this graph indicate about the</p> <p>9 opioid problem in Summit County?</p> <p>10 A. This graph indicates how many</p> <p>11 opioid doses are being dispensed per capita.</p> <p>12 Q. And does this graph indicate</p> <p>13 anything about -- if you were to look at this</p> <p>14 graph, does this tell you anything about the</p> <p>15 number of opioid overdoses and deaths</p> <p>16 attributed to prescription opioids in Summit</p> <p>17 County?</p> <p>18 MS. KOUBA: Object to the form of</p> <p>19 the question.</p> <p>20 A. I'm sorry. Could you repeat that</p> <p>21 again.</p> <p>22 Q. I'll read what I just asked. "If</p> <p>23 you were to look at this graph, does this tell</p> <p>24 you anything about the number of opioid</p> <p>25 overdoses and deaths attributed to prescription</p>

<p style="text-align: right;">Page 134</p> <p>1 opioids in Summit County?</p> <p>2 MR. LEDLIE: Object to the form of</p> <p>3 the question.</p> <p>4 A. I'm sorry. I'm still not</p> <p>5 understanding.</p> <p>6 Q. What don't you understand about my</p> <p>7 question?</p> <p>8 A. The question itself. Could you</p> <p>9 rephrase it, please.</p> <p>10 Q. Does opioid doses dispensed per</p> <p>11 capita provide information about the number of</p> <p>12 prescription opioid-related overdoses and</p> <p>13 deaths?</p> <p>14 A. It is a key critical indicator.</p> <p>15 Q. But from data about overdoses</p> <p>16 dispensed per capita, can you draw a conclusion</p> <p>17 about the number of prescription opioid-related</p> <p>18 deaths?</p> <p>19 MS. KOUBA: Object to the form.</p> <p>20 MR. LEDLIE: Object to the form.</p> <p>21 A. What do you mean by conclusion?</p> <p>22 MR. LEDLIE: Is this a good time</p> <p>23 for a break?</p> <p>24 MS. FEINSTEIN: There is a question</p> <p>25 pending.</p>	<p style="text-align: right;">Page 136</p> <p>1 because you know for a fact in if A is there,</p> <p>2 that you are going to get B.</p> <p>3 You don't have that with this</p> <p>4 dataset. What you have is correlation, which</p> <p>5 is that when A is present, there is a high</p> <p>6 amount of B present.</p> <p>7 Q. There is a high amount or there is</p> <p>8 some amount?</p> <p>9 MS. KOUBA: Object to the form.</p> <p>10 A. It could be either.</p> <p>11 Q. And do you know whether -- what is</p> <p>12 the amount of correlation between opioid</p> <p>13 dispensing per capita and prescription</p> <p>14 opioid-related overdoses?</p> <p>15 MS. KOUBA: Objection to the form.</p> <p>16 A. As far as?</p> <p>17 Q. Is it a high correlation, is it a</p> <p>18 low correlation, what is your basis for that?</p> <p>19 A. That, I don't have a statistical</p> <p>20 analysis for that.</p> <p>21 Q. So you don't know --</p> <p>22 MR. LEDLIE: Let's take a break.</p> <p>23 MR. MASTERS: Okay.</p> <p>24 THE VIDEOGRAPHER: Off the record</p> <p>25 at 12:24.</p>
<p style="text-align: right;">Page 135</p> <p>1 Q. There is a question pending.</p> <p>2 MR. LEDLIE: He has answered your</p> <p>3 last question.</p> <p>4 MS. FEINSTEIN: No, he hasn't.</p> <p>5 Q. You testified that opioid doses</p> <p>6 dispensed per capita can help you understand</p> <p>7 how much the prescription medications are</p> <p>8 attributing to deaths and drug overdoses.</p> <p>9 My question was, what conclusions</p> <p>10 can you draw about the number of prescription</p> <p>11 opioid-related overdoses from this data?</p> <p>12 MS. KOUBA: Objection to the form</p> <p>13 of the question.</p> <p>14 A. When you say conclusions, are you</p> <p>15 referring to causations or correlations?</p> <p>16 Q. I'm referring to what you said this</p> <p>17 data can be used to help you understand.</p> <p>18 A. If you are referring to causations,</p> <p>19 from this data, you cannot determine a</p> <p>20 causation, but you can determine a correlation.</p> <p>21 Q. And what is the nature of the</p> <p>22 difference?</p> <p>23 A. A causation is pretty much in its</p> <p>24 name, like you could say, you know, A equals B</p> <p>25 and stuff, and that would be a causation,</p>	<p style="text-align: right;">Page 137</p> <p>1 (Recess taken.)</p> <p>2 THE VIDEOGRAPHER: On the record,</p> <p>3 1:21.</p> <p>4 Q. Welcome back from lunch, Mr.</p> <p>5 Hutzell.</p> <p>6 A. Thank you.</p> <p>7 Q. We left off talking about the OARRS</p> <p>8 report slide, Exhibit 5.</p> <p>9 Why is there a comparison or a</p> <p>10 reflection of two different counties, Summit</p> <p>11 and Montgomery?</p> <p>12 A. Because we wanted to see, like, how</p> <p>13 our population is doing compared to a different</p> <p>14 county.</p> <p>15 Q. Why was Montgomery chosen?</p> <p>16 A. Because they are similar size and</p> <p>17 population.</p> <p>18 Q. And what does this chart reflect</p> <p>19 about the comparison between Summit and</p> <p>20 Montgomery?</p> <p>21 A. This chart reflects basically how</p> <p>22 many opiate doses were dispensed per capita</p> <p>23 over the time period of first quarter of 2016</p> <p>24 to the fourth quarter of 2017.</p> <p>25 Q. And what specifically does it</p>

<p style="text-align: right;">Page 138</p> <p>1 reflect about the comparison between Summit and</p> <p>2 Montgomery?</p> <p>3 A. What do you mean?</p> <p>4 Q. If you were to look at this chart,</p> <p>5 what does it show?</p> <p>6 A. It just shows the number of opiate</p> <p>7 doses dispensed per capita.</p> <p>8 Q. Is the number of opiate doses</p> <p>9 dispensed per capita the same in Summit as in</p> <p>10 Montgomery?</p> <p>11 A. No. Those are different numbers.</p> <p>12 Q. So what does this chart show about</p> <p>13 the difference between Summit and Montgomery?</p> <p>14 A. I'm sorry. Could you rephrase</p> <p>15 that. I don't understand exactly.</p> <p>16 Q. This chart reflects the number of</p> <p>17 opiate doses dispensed in both Summit and</p> <p>18 Montgomery County from Q1 2016 to Q4 2017.</p> <p>19 A. Huh-uh.</p> <p>20 Q. And you said that Summit and</p> <p>21 Montgomery doses per capita are not identical,</p> <p>22 correct?</p> <p>23 A. I didn't say that exactly. I did</p> <p>24 say that it indicates the numbers and stuff.</p> <p>25 Q. And are they different?</p>	<p style="text-align: right;">Page 140</p> <p>1 Q. Did you run them?</p> <p>2 A. It runs all together.</p> <p>3 Q. And you don't remember what those</p> <p>4 other queries were?</p> <p>5 A. No.</p> <p>6 Q. They weren't key indicators?</p> <p>7 A. No. They weren't the ones that we</p> <p>8 were using.</p> <p>9 Q. Is there a reason why you didn't</p> <p>10 use those other ones?</p> <p>11 A. This was the one that Jerry had</p> <p>12 recommended to use.</p> <p>13 Q. So this was Jerry's idea?</p> <p>14 A. Yeah. And that's what we have</p> <p>15 kept.</p> <p>16 Q. And this idea came about in that</p> <p>17 meeting that you referenced earlier?</p> <p>18 A. Probably before the meeting. I'm</p> <p>19 not exactly sure when exactly it was</p> <p>20 determined. So you would probably have to ask</p> <p>21 Jerry.</p> <p>22 Q. So it could have come before that</p> <p>23 then?</p> <p>24 A. It could have. I don't know.</p> <p>25 Q. The EPiCenter data that we talked</p>
<p style="text-align: right;">Page 139</p> <p>1 A. Yes.</p> <p>2 Q. And what does this chart show about</p> <p>3 the difference between Summit and Montgomery</p> <p>4 numbers?</p> <p>5 A. The amounts being dispensed.</p> <p>6 Q. Is there more that is being</p> <p>7 dispensed in Montgomery than Summit?</p> <p>8 A. Yes.</p> <p>9 Q. You indicated that the OARRS report</p> <p>10 was publicly available?</p> <p>11 A. Yes.</p> <p>12 Q. Do you get access to raw data when</p> <p>13 you ran these public queries?</p> <p>14 A. No, I did not.</p> <p>15 Q. So what exactly did the OARRS</p> <p>16 database spit back at you when you ran the</p> <p>17 query?</p> <p>18 MR. LEDLIE: Object to the form of</p> <p>19 the question.</p> <p>20 A. These numbers and stuff that are</p> <p>21 present on the side.</p> <p>22 Q. Just opiate doses per capita?</p> <p>23 A. There is like three other different</p> <p>24 queries, but I don't remember them off the top</p> <p>25 of my head and stuff, so...</p>	<p style="text-align: right;">Page 141</p> <p>1 about earlier, did you get access to the raw</p> <p>2 data for that?</p> <p>3 A. No, I did not.</p> <p>4 Q. So what form did this data take</p> <p>5 that you received?</p> <p>6 A. It's a data dashboard that the</p> <p>7 health department has on their website.</p> <p>8 Q. And what is contained in the data?</p> <p>9 A. Well, the data that I looked at was</p> <p>10 the drug overdose visits by emergency room.</p> <p>11 Q. Is that the only data point in the</p> <p>12 spreadsheet or the database?</p> <p>13 A. There is other, like other data</p> <p>14 points and stuff that's on there.</p> <p>15 Q. How did you get this data?</p> <p>16 A. Just accessed it on the website and</p> <p>17 chose the parameters that I wanted to have on</p> <p>18 the report.</p> <p>19 - - - - -</p> <p>20 (Thereupon, Deposition Exhibit 6,</p> <p>21 Email From Hutzell, with Quarterly</p> <p>22 Stakeholders Meeting, March 14, 2018</p> <p>23 Attached, Beginning with Bates Label</p> <p>24 SUMMIT 0008711963, was marked for</p> <p>25 purposes of identification.)</p>

<p style="text-align: right;">Page 142</p> <p>1 - - - - -</p> <p>2 Q. I'm marking -- I'm showing you what</p> <p>3 has been marked as Exhibit 6. This is Bates</p> <p>4 stamped Summit 00871963.</p> <p>5 Do you recognize this document?</p> <p>6 A. I recognize it.</p> <p>7 Q. Is this an email to you?</p> <p>8 A. No, it's not.</p> <p>9 Q. Is it an email from you?</p> <p>10 A. Yes, it is.</p> <p>11 Q. And you are responding to an email</p> <p>12 from Dr. Smith to you?</p> <p>13 A. Yes.</p> <p>14 Q. And you attached the Quarterly</p> <p>15 Stakeholders meeting, September 14, 2016,</p> <p>16 correct?</p> <p>17 A. Yes.</p> <p>18 Q. And what is that document?</p> <p>19 A. The Opiate Task Force data</p> <p>20 dashboard.</p> <p>21 Q. So this is the same kind of</p> <p>22 document, just an earlier time period?</p> <p>23 A. Yes.</p> <p>24 Q. And did you prepare this one?</p> <p>25 A. Yes.</p>	<p style="text-align: right;">Page 144</p> <p>1 inconsistent?</p> <p>2 A. Numbers 4, 5 and 6.</p> <p>3 Q. Any others?</p> <p>4 A. No.</p> <p>5 Q. So let's take number 4, neonatal</p> <p>6 abstinence syndrome incidence rate. What was</p> <p>7 unreliable and inconsistent about that data?</p> <p>8 A. Well, the unreliable part was the</p> <p>9 inconsistencies and stuff. We weren't able to</p> <p>10 get a thorough number on that. Some agencies</p> <p>11 would report, others wouldn't and stuff.</p> <p>12 The next time we did a quarterly</p> <p>13 report, like say agency A and B reported, like,</p> <p>14 the first time, well then the next time agency</p> <p>15 C and D would report and stuff. So it would be</p> <p>16 constantly, you know, changing and not</p> <p>17 providing an accurate picture of what was going</p> <p>18 on.</p> <p>19 Q. And so then you dropped neonatal</p> <p>20 abstinence syndrome as a key indicator for data</p> <p>21 dashboards going forward?</p> <p>22 A. Yes.</p> <p>23 Q. Because the reliability of data is</p> <p>24 important?</p> <p>25 A. Yes.</p>
<p style="text-align: right;">Page 143</p> <p>1 Q. Let's focus on this PowerPoint</p> <p>2 first. If you flip to page 2, this PowerPoint</p> <p>3 indicates the key critical indicators, and this</p> <p>4 time there are 11?</p> <p>5 A. Uh-huh.</p> <p>6 Q. The previous PowerPoint had seven.</p> <p>7 When did that change from 11 to seven?</p> <p>8 A. I'm not sure of the exact timeframe</p> <p>9 and stuff. I'm not sure if it was the</p> <p>10 beginning or middle of 2017 or even at the end</p> <p>11 of 2016. So I'm not sure when exactly and</p> <p>12 stuff that it happened.</p> <p>13 MS. KOUBA: Brad, there is</p> <p>14 something I would like to clarify real quickly.</p> <p>15 Is this a native format of the attachment that</p> <p>16 corresponded to these Bates in this email?</p> <p>17 MR. MASTERS: Yes.</p> <p>18 MS. KOUBA: I just wanted to make</p> <p>19 sure.</p> <p>20 MR. MASTERS: Yes.</p> <p>21 Q. Why were some of the key indicators</p> <p>22 dropped off?</p> <p>23 A. Because the data was unreliable and</p> <p>24 inconsistent.</p> <p>25 Q. Which data was unreliable and</p>	<p style="text-align: right;">Page 145</p> <p>1 Q. Was that a result of you examining</p> <p>2 the data?</p> <p>3 MS. KOUBA: Object to the form of</p> <p>4 the question.</p> <p>5 Q. Let me rephrase it.</p> <p>6 Were you the one that determined</p> <p>7 that the data was unreliable?</p> <p>8 A. It was part of a meeting and stuff</p> <p>9 that I talked about earlier with Jerry and</p> <p>10 Aimee and Mary Alice, and that was one of the</p> <p>11 conclusions that we came up with together.</p> <p>12 Q. So this was discussed as a group?</p> <p>13 A. Yes, it was.</p> <p>14 Q. Do you recall what was said in the</p> <p>15 meeting by Jerry Craig about this data?</p> <p>16 A. No, I do not and stuff. He</p> <p>17 probably would be better to explain that.</p> <p>18 Q. But you don't recall?</p> <p>19 A. No, other than -- not exactly and</p> <p>20 stuff what was said by him and stuff, other</p> <p>21 than, you know, stating that we have -- you</p> <p>22 know, we want to make sure that we are</p> <p>23 consistent with all our metrics and stuff that</p> <p>24 we are using.</p> <p>25 Q. Let's talk about overdose responses</p>

<p style="text-align: right;">Page 146</p> <p>1 by Akron EMS. What was unreliable about that</p> <p>2 data?</p> <p>3 A. The only unreliable part about that</p> <p>4 and stuff was just being able to get the data</p> <p>5 and stuff before the timelines and stuff that</p> <p>6 we were asking for.</p> <p>7 Q. Please finish.</p> <p>8 A. I was finished.</p> <p>9 Q. Okay. What do you mean when you</p> <p>10 say, being able to get the data and stuff?</p> <p>11 A. Getting it on time, on our</p> <p>12 timeframe, you know. I mean, they are</p> <p>13 different agencies, so we have to, like, kind</p> <p>14 of work with them on their timelines too and</p> <p>15 take into consideration what they have and what</p> <p>16 they are able to give to us.</p> <p>17 Q. Just so I understand, you indicated</p> <p>18 that these were dropped off because they were</p> <p>19 unreliable. Was there anything about the</p> <p>20 unreliability of the data with respect to the</p> <p>21 overdose responses by Akron EMS?</p> <p>22 MS. KOUBA: Object to the form of</p> <p>23 the question.</p> <p>24 A. When I said unreliable, I was</p> <p>25 referring to inconsistent.</p>	<p style="text-align: right;">Page 148</p> <p>1 comparison all the time and stuff.</p> <p>2 So it's not that their data was</p> <p>3 consistent, it was just the reporting was</p> <p>4 inconsistent, which provides it to be</p> <p>5 unreliable.</p> <p>6 Q. Looking at these key indicators, it</p> <p>7 appears that there were, at this time in</p> <p>8 September 2016, two opiate doses dispensed</p> <p>9 indicators, one for Summit County versus Ohio</p> <p>10 and one for Summit County versus Montgomery</p> <p>11 County; is that right?</p> <p>12 A. Yes.</p> <p>13 Q. And the Summit County county versus</p> <p>14 Ohio number was no longer included going</p> <p>15 forward?</p> <p>16 A. Yeah. At some point in time and</p> <p>17 stuff, we decided to exclude that.</p> <p>18 Q. If you flip the page to the next</p> <p>19 slide, this is titled Opiate Doses Dispensed</p> <p>20 Per Capita to Ohio Patients By County and</p> <p>21 Quarter.</p> <p>22 A. Uh-huh.</p> <p>23 Q. And at the bottom, it indicates</p> <p>24 that this graph shows Ohio versus Summit; is</p> <p>25 that fair?</p>
<p style="text-align: right;">Page 147</p> <p>1 Q. And what inconsistencies presented</p> <p>2 in the overdose response data from Akron EMS?</p> <p>3 A. Just being able to get it in a</p> <p>4 timely manner at the time that we needed it.</p> <p>5 Q. And that is a reflection of data</p> <p>6 being inconsistent?</p> <p>7 A. The timewise being inconsistent and</p> <p>8 stuff, not the data itself.</p> <p>9 Q. Overdose reversals by Summit County</p> <p>10 EMS and police departments, what was unreliable</p> <p>11 about that data?</p> <p>12 A. That was, again, consistency and</p> <p>13 stuff was meant by unreliable, not the data</p> <p>14 itself. Getting agencies to turn in the data</p> <p>15 on the times that we needed it, or getting</p> <p>16 every agency to turn it in, like --</p> <p>17 Sorry, I'm just seeing if that was</p> <p>18 your wife.</p> <p>19 Q. That was not.</p> <p>20 MS. FEINSTEIN: We all were.</p> <p>21 A. So anyways, you know, like I said,</p> <p>22 agency A and B might turn it in at one time,</p> <p>23 and then all of a sudden you have got G and X</p> <p>24 turning it in at another time. So that makes</p> <p>25 it hard to report, because you can't have a</p>	<p style="text-align: right;">Page 149</p> <p>1 A. Yes.</p> <p>2 Q. The blue or green line is Ohio and</p> <p>3 the black line is Summit, right?</p> <p>4 A. Yes.</p> <p>5 Q. And from 2010 until the first</p> <p>6 quarter of 2016, the doses per capita in Summit</p> <p>7 is higher than the doses per capita statewide</p> <p>8 in Ohio, right?</p> <p>9 A. Yes.</p> <p>10 Q. What happened to that number in</p> <p>11 2016 quarter 1?</p> <p>12 MS. KOUBA: Objection to the form</p> <p>13 of the question.</p> <p>14 A. What do you mean by what happened?</p> <p>15 Q. With respect to -- so in 2016</p> <p>16 quarter 1, does this graph indicate that there</p> <p>17 was a difference in opioid doses dispensed per</p> <p>18 capita between Summit County and Ohio?</p> <p>19 A. Yes.</p> <p>20 Q. What is the difference?</p> <p>21 A. I don't know the exact numerical</p> <p>22 difference and stuff, because the Ohio one is</p> <p>23 not on here, but from the graph, it says it is</p> <p>24 slightly higher.</p> <p>25 Q. It's slightly higher, but enough</p>

<p style="text-align: right;">Page 150</p> <p>1 that the data point for the two jurisdictions</p> <p>2 overlaps, when you look at the actual shape</p> <p>3 itself?</p> <p>4 MS. KOUBA: Object to the form of</p> <p>5 the question.</p> <p>6 Q. If you had to guess, by looking at</p> <p>7 this graph, how many opiate doses -- opiate</p> <p>8 doses dispensed per capita in Ohio in 2016</p> <p>9 quarter 1?</p> <p>10 MR. LEDLIE: Object.</p> <p>11 MS. KOUBA: Object to the form.</p> <p>12 A. I couldn't guess, because I don't</p> <p>13 know exactly.</p> <p>14 Q. If you had to estimate?</p> <p>15 A. It was -- in Ohio, it would be</p> <p>16 lower than the one in Summit County.</p> <p>17 Q. Is it close to 14.3?</p> <p>18 Let me ask it this way: Were there</p> <p>19 more than 14 doses per capita dispensed in Ohio</p> <p>20 in 2016 Q1?</p> <p>21 A. Yes.</p> <p>22 Q. And there were 14.3 in Summit</p> <p>23 County, correct?</p> <p>24 A. Yes.</p> <p>25 Q. So the number -- the delta between</p>	<p style="text-align: right;">Page 152</p> <p>1 abstinence syndrome slide, this</p> <p>2 indicates -- the first line of this table</p> <p>3 indicates the number of SC births, right?</p> <p>4 A. Yes.</p> <p>5 Q. Does SC refer to Summit County?</p> <p>6 A. Yes.</p> <p>7 Q. And the second line says NAS</p> <p>8 incidence rates per 1,000?</p> <p>9 A. Yes.</p> <p>10 Q. What is neonatal abstinence</p> <p>11 syndrome?</p> <p>12 A. That I don't know. I don't have</p> <p>13 expertise in that.</p> <p>14 Q. Let's refer to -- let's refer back</p> <p>15 to the email that this power point was sent</p> <p>16 along with, and we will probably go back to</p> <p>17 that PowerPoint.</p> <p>18 This helps to read this from the</p> <p>19 bottom up. The bottom is the email that was</p> <p>20 sent by Doug Smith to you, correct?</p> <p>21 A. Yes.</p> <p>22 Q. And in this he mentions that -- he</p> <p>23 mentioned the, quote, new data that you had</p> <p>24 that show 200 opiate overdose deaths in 2015,</p> <p>25 right?</p>
<p style="text-align: right;">Page 151</p> <p>1 Summit and Ohio was somewhere between 0.3 and</p> <p>2 0?</p> <p>3 A. No.</p> <p>4 Q. Can you explain why it is not?</p> <p>5 A. I would say that it would be 0 to</p> <p>6 0.29.</p> <p>7 Q. Okay. That's fair. So the delta</p> <p>8 is somewhere between 0 and 0.29?</p> <p>9 A. Yes.</p> <p>10 Q. And sometime after this, opioid</p> <p>11 doses dispensed per capita in Summit County</p> <p>12 versus Ohio was no longer included on data</p> <p>13 dashboards?</p> <p>14 A. That's correct.</p> <p>15 Q. Is that because the number was no</p> <p>16 longer -- the number of opioids dispensed in</p> <p>17 Summit County versus Ohio was no longer a</p> <p>18 meaningful indication of the opioid problem?</p> <p>19 MS. KOUBA: Object to the form of</p> <p>20 the question.</p> <p>21 A. No, that's not the reason.</p> <p>22 Q. What is the reason?</p> <p>23 A. We wanted to focus on the</p> <p>24 comparison with Montgomery County.</p> <p>25 Q. Okay. If you turn to the neonatal</p>	<p style="text-align: right;">Page 153</p> <p>1 A. Yes.</p> <p>2 Q. Why did he -- what do you</p> <p>3 understand about why he included quotes around</p> <p>4 the word "new"?</p> <p>5 A. What I understand is -- from that</p> <p>6 is, looking at the medical examiner's data and</p> <p>7 stuff and trying to figure that out and stuff,</p> <p>8 you know, what exactly that meant.</p> <p>9 Q. And that was something that was</p> <p>10 new?</p> <p>11 A. To my knowledge.</p> <p>12 Q. So prior to your coming to ADM,</p> <p>13 you're not aware of an effort to examine</p> <p>14 medical examiner records to understand what</p> <p>15 they were saying?</p> <p>16 MS. KOUBA: Object to the form of</p> <p>17 the question.</p> <p>18 A. Not to my knowledge.</p> <p>19 Q. He asked, in addition to that, "Are</p> <p>20 you now certain that the data you were using, I</p> <p>21 think you said from the ME's office, is</p> <p>22 accurate and will be consistent moving</p> <p>23 forward"; is that right?</p> <p>24 A. Yes.</p> <p>25 Q. Were you concerned that the data</p>

<p style="text-align: right;">Page 154</p> <p>1 wasn't accurate and consistent?</p> <p>2 MR. LEDLIE: Object to the form of</p> <p>3 the question.</p> <p>4 A. No, I was not.</p> <p>5 Q. So what did you understand Dr.</p> <p>6 Smith to be meaning when he said, "Are you now</p> <p>7 certain that it will be accurate and consistent</p> <p>8 moving forward"?</p> <p>9 MS. KOUBA: Object to the form of</p> <p>10 the question.</p> <p>11 A. At this time, I wasn't sure what</p> <p>12 exactly I was looking at, because this is in</p> <p>13 the beginning of the -- when I was first hired,</p> <p>14 so I wanted to make sure I was certain what I</p> <p>15 was looking at.</p> <p>16 Q. Did you raise concerns about the</p> <p>17 accuracy of the -- the accuracy and consistency</p> <p>18 of data?</p> <p>19 A. No.</p> <p>20 Q. So his inclusion of the word "now</p> <p>21 certain" meant what exactly?</p> <p>22 MR. LEDLIE: Object to the form.</p> <p>23 MS. KOUBA: Object to the form.</p> <p>24 A. Could you rephrase that, please.</p> <p>25 Q. What do you understand he meant</p>	<p style="text-align: right;">Page 156</p> <p>1 ability to analyze data?</p> <p>2 MS. KOUBA: Object to the form.</p> <p>3 A. No. No. The reason why it's</p> <p>4 stated that way is because at the time, before</p> <p>5 this, I had analyzed the data wrong, and I</p> <p>6 realized that I analyzed it wrong, so I wanted</p> <p>7 to double-check with him and the medical</p> <p>8 examiner's office what was the correct way to</p> <p>9 analyze the data.</p> <p>10 Q. How did you analyze the data wrong?</p> <p>11 A. I included everything as being,</p> <p>12 like, being able to distinguish between</p> <p>13 different drugs and stuff being used and stuff</p> <p>14 as the cause of death, but that wasn't the</p> <p>15 reason why.</p> <p>16 What I was looking at was</p> <p>17 toxicology reports, not cause of death, so</p> <p>18 that's where I got confused and stuff.</p> <p>19 Q. Just so I understand, you -- where</p> <p>20 you went wrong was analyzing toxicology reports</p> <p>21 as opposed to cause of death?</p> <p>22 A. Yes.</p> <p>23 Q. Why is that an error?</p> <p>24 A. Because toxicology reports will</p> <p>25 show more than one drug.</p>
<p style="text-align: right;">Page 155</p> <p>1 using the phrase "now certain"?</p> <p>2 A. When I explained this, my concerns</p> <p>3 was it was more of my ability to interpret the</p> <p>4 data at that time, because that was the first</p> <p>5 time that I had looked at the data, so I wanted</p> <p>6 to make sure that I was interpreting it</p> <p>7 correctly.</p> <p>8 Q. Isn't his statement here though</p> <p>9 reflecting the data and not your ability?</p> <p>10 MS. KOUBA: Object to the form.</p> <p>11 A. No, that's not what was meant by</p> <p>12 that.</p> <p>13 Q. So you read, "Are you now certain</p> <p>14 that the data you are using is accurate and</p> <p>15 will be consistent moving forward" to be a</p> <p>16 question about whether you have the ability to</p> <p>17 analyze data?</p> <p>18 MR. LEDLIE: Object to the form.</p> <p>19 Misstates. That's an inaccurate recitation of</p> <p>20 the email.</p> <p>21 Q. Okay. You read the phrase, quote,</p> <p>22 Are you now certain that the data that you are</p> <p>23 using, I think you said from the ME's office,</p> <p>24 is accurate and will be consistent moving</p> <p>25 forward, end quote, to be a question about your</p>	<p style="text-align: right;">Page 157</p> <p>1 Q. And that's a problem because why?</p> <p>2 A. Because it, to my understanding, it</p> <p>3 won't be -- one specific drug is not -- is not</p> <p>4 the cause of death, would be the cause of</p> <p>5 death.</p> <p>6 Q. So just because a drug is listed in</p> <p>7 the toxicology report, doesn't mean that it was</p> <p>8 actually the cause of death?</p> <p>9 A. That's my understanding.</p> <p>10 Q. And so prior to this point, you had</p> <p>11 been analyzing these medical examiner reports</p> <p>12 based on the toxicology report, but not the</p> <p>13 cause of death?</p> <p>14 A. Yes. And, yeah, when I first</p> <p>15 started, yes.</p> <p>16 Q. If you flip over to your response,</p> <p>17 you note, "If you refer to the PowerPoint and</p> <p>18 go to slide 2013, you can see the different</p> <p>19 drugs that were most commonly found in the</p> <p>20 toxicology studies," right?</p> <p>21 A. Yes.</p> <p>22 Q. Let's refer to the PowerPoint.</p> <p>23 It's slide -- so I'll represent that I don't</p> <p>24 think what there is a slide 2013, but there is</p> <p>25 a slide indicating -- or titled Comparison of</p>

<p style="text-align: right;">Page 158</p> <p>1 Drugs Most Commonly Found As the Cause of Death</p> <p>2 From 2015 to 2016, and there are two charts.</p> <p>3 It's after -- I believe it is page 13.</p> <p>4 MR. LEDLIE: What's the title?</p> <p>5 Q. Comparison of Drugs Most Commonly</p> <p>6 Found As the Cause of Death From 2015 to 2016.</p> <p>7 Is this the slide that you were</p> <p>8 referring to in that email?</p> <p>9 A. I can't remember. It may have</p> <p>10 been.</p> <p>11 Q. What is the first graph depicting,</p> <p>12 on the left-hand side?</p> <p>13 A. That is the Summit County</p> <p>14 examiner's -- medical examiner's report for</p> <p>15 2015, and it depicts deaths directly related to</p> <p>16 drug use, and then deaths not directly related</p> <p>17 to drug use, but drugs were in the system.</p> <p>18 Q. And does this chart on the</p> <p>19 left-hand side reflect what was in the</p> <p>20 toxicology report?</p> <p>21 A. Yes.</p> <p>22 Q. So this slide would be -- or this</p> <p>23 graph on the left-hand side is an example of</p> <p>24 the error you mentioned earlier?</p> <p>25 A. Yes.</p>	<p style="text-align: right;">Page 160</p> <p>1 A. At this time, if you go one</p> <p>2 paragraph before that, it talks about Dr.</p> <p>3 Kohler and meeting her and stuff, and her</p> <p>4 giving us a tour of the facilities and</p> <p>5 explaining to me, you know, about the</p> <p>6 operations, records and things like that.</p> <p>7 I refer to death certificates and</p> <p>8 stuff, but she had indicated me that that way I</p> <p>9 can get the different reports from them, and</p> <p>10 then also, like, the reports of investigation.</p> <p>11 Q. What is the difference between a</p> <p>12 death certificate and report of investigation?</p> <p>13 A. That I'm not sure.</p> <p>14 Q. Did you request reports of</p> <p>15 investigation?</p> <p>16 A. I did.</p> <p>17 Q. And what did those reports contain?</p> <p>18 A. Information on the -- whatever the</p> <p>19 person's death was.</p> <p>20 Q. Was it just reports by the medical</p> <p>21 examiner's office?</p> <p>22 A. These reports were created by the</p> <p>23 medical examiner's office, yes.</p> <p>24 Q. Did they include reports from the</p> <p>25 forensic examiner's office?</p>
<p style="text-align: right;">Page 159</p> <p>1 Q. You note shortly after that in the</p> <p>2 email, "One of the limitations of this</p> <p>3 toxicology study is that if a person has</p> <p>4 multiple drugs in their system, the drugs and</p> <p>5 not the people" -- sorry, "the drugs are</p> <p>6 counted and not the people"; is that right?</p> <p>7 A. I also added, "At least that's my</p> <p>8 understanding for now."</p> <p>9 Q. And is that still your</p> <p>10 understanding?</p> <p>11 A. Yes.</p> <p>12 Q. You note two paragraphs down,</p> <p>13 "Also, I requested death certificates from 2013</p> <p>14 to August 2016 with toxicology results that</p> <p>15 confirm opiate use. Hopefully then, I can</p> <p>16 analyze these datasets and determine whether</p> <p>17 there are any patterns of drug use and see how</p> <p>18 many opiates were involved in other types of</p> <p>19 deaths."</p> <p>20 Why did you request death</p> <p>21 certificates?</p> <p>22 A. Because it's public data. It was</p> <p>23 easy to access.</p> <p>24 Q. What about death certificates was</p> <p>25 important?</p>	<p style="text-align: right;">Page 161</p> <p>1 A. That I don't know.</p> <p>2 Q. You indicated that "This may result</p> <p>3 in a better measurement of the impact of</p> <p>4 opiates on the community." What did you mean</p> <p>5 by that?</p> <p>6 A. Well, before -- the sentence before</p> <p>7 and stuff, it says, "I can analyze these</p> <p>8 datasets and determine whether there are any</p> <p>9 patterns of drug use and see how many opiates</p> <p>10 were involved in other types of death,</p> <p>11 suicides, homicides and et cetera." And I did</p> <p>12 believe that that would give a whole impact of</p> <p>13 opiates of the effect on the community.</p> <p>14 Q. So studying whether opiates were</p> <p>15 involved in other types of deaths, like</p> <p>16 suicides and homicides, would help you better</p> <p>17 measure the impact of opiates on the community?</p> <p>18 A. Yes.</p> <p>19 Q. Referring back to the PowerPoint</p> <p>20 presentation, the data dashboard, several</p> <p>21 slides later from the one that we were just</p> <p>22 looking at is a slide titled Detera Project.</p> <p>23 What is Detera?</p> <p>24 A. The Detera Project is a project</p> <p>25 that was initiated by Summit County Community</p>

<p style="text-align: right;">Page 162</p> <p>1 Partnership. What they did was they 2 distributed these Detera bags out into the 3 community and stuff, to take prescription 4 opiates and other medications off of the 5 streets and stuff, and give people a safe way 6 of disposing of those. 7 Q. Did you draft this slide? 8 A. I believe this was worked with in 9 conjunction with Alice Jennings. 10 Q. But you had a hand in drafting 11 this? 12 A. Yeah. We worked together. 13 Q. The second bullet point says, 14 "Reducing the prescribing of large quantities 15 of opioid medications and disseminating clear 16 recommendations on safe storage and disposal of 17 opioid medications widely to the public and 18 prescribers may reduce risks"; is that right? 19 A. Yes. 20 Q. What is the basis of that 21 conclusion? 22 A. That would be a question for Alice 23 Jennings and stuff. She would know more about 24 that. 25 Q. So you don't have a view about why</p>	<p style="text-align: right;">Page 164</p> <p>1 Q. What information are you referring 2 to? 3 A. Information that she looked up. 4 Like, she would be a better source of that and 5 stuff, you know. 6 Q. But what kinds of things did the 7 information say? 8 A. Like, it said, like, exactly that, 9 you know. They tended to want to get opiate 10 medications off the streets and stuff. That 11 was their whole line and stuff. I mean, I 12 can't speak specifically, you know, because 13 that's -- Alice Jennings and stuff would be the 14 person for that. 15 Q. So did you ever analyze data that 16 supports this conclusion? 17 A. Yes. 18 Q. What data did you analyze? 19 A. When you said supports this 20 conclusion and stuff, what do you mean? 21 Q. You just answered yes to a 22 question, so I'm asking you, what data did you 23 analyze that supports this? 24 A. I want to make sure I give you, you 25 know, the best answer.</p>
<p style="text-align: right;">Page 163</p> <p>1 reducing the prescribing of large quantities of 2 opioid medications may reduce risks? 3 A. Yes, I do. 4 MS. KOUBA: Object to the form. 5 Q. And what is your view? 6 A. My view is in align with exactly 7 what this says right here, reducing the 8 prescribing of large quantities of opioid 9 medication and disseminating, like, increases 10 public safety and reduces risks of them being 11 in the wrong hands. 12 Q. And what is the basis for your 13 view? 14 A. My work with Alice Jennings. 15 Q. What do you mean by that? 16 A. Working on this Detera Project 17 with Alice Jennings. 18 Q. What about your work with Alice 19 Jennings on the Detera Project informed your 20 view that you agree with this statement? 21 A. Different, like, information that 22 she gave out and stuff, you know, about the 23 harms of prescription opiates and opioids and 24 stuff, around medications getting into, like, 25 populations where they aren't meant to be.</p>	<p style="text-align: right;">Page 165</p> <p>1 Q. So the conclusions that we are 2 talking about on this PowerPoint, did you ever 3 analyze data that supports this bullet point 4 that we are referencing here? 5 A. Yes, to the fact that reducing the 6 prescription -- prescription medications off of 7 the streets, we did analyze that. 8 Q. What data did you analyze? 9 A. The survey data and stuff that we 10 had on the postcards and stuff that 11 specifically asked people, why did they use the 12 medication bags. 13 Q. And what did -- what did that data 14 indicate? 15 A. I don't have the results, off the 16 top of my head. 17 Q. But generally speaking, what do you 18 recall that data indicating? 19 A. That it reduced, like, the 20 prescription medication off the street. 21 Q. That what reduced it? 22 A. That's why people used them. 23 People used the bags to, like, dispose of 24 medications and stuff, and that was the whole 25 purpose of the Detera Project.</p>

<p style="text-align: right;">Page 166</p> <p>1 Q. Did you ever look at data analyzing 2 whether reducing the prescribing of opioid 3 medications reduces the risks of injury? 4 A. No, I haven't. 5 - - - - - 6 (Thereupon, Deposition Exhibit 7, 7 Email Conversation Between Hutzell, 8 Smalley and Smith, Beginning with 9 Bates Label SUMMIT 000885081, was 10 marked for purposes of 11 identification.) 12 - - - - - 13 Q. I'm showing you what is being 14 marked as Exhibit 7. Do you recognize this 15 document? Sorry. The Bates number is Summit 16 000885081. 17 A. Yes, I recognize it. 18 Q. What is this document? 19 A. It's an email. 20 Q. Is it an email you sent? 21 A. The first one that's on the top, 22 yes. 23 Q. So this is an email conversation 24 between you, Christine Smalley and Doug Smith, 25 right?</p>	<p style="text-align: right;">Page 168</p> <p>1 overdoses deaths for 2016, right? 2 A. Yes. 3 Q. And then she responds, "That sounds 4 great" -- or "That sounds like a great start 5 point. How frequently do you think we could 6 update it? Because there were problems last 7 year" -- "because where there were problems 8 last year very well may be" -- sorry. Forgive 9 me -- "because where there were problems last 10 year very well may not be where there are 11 problems right now," right? 12 A. Yes. That's what it says. 13 Q. And your response was, 14 "Unfortunately, most areas that experience drug 15 overdoses are the same areas that have high," 16 parentheses, "insert health problems here," 17 closed parentheses. 18 What did you mean by that? 19 A. In the next sentence after that, I 20 was talking about trends and stuff of the data. 21 If you look at -- what was meant by, if you 22 look at different maps of Summit County and 23 stuff, there is going to be similar maps. If 24 you put, like, different health problems in 25 there, whether it's poverty, obesity, crime,</p>
<p style="text-align: right;">Page 167</p> <p>1 A. Yes. 2 Q. Christine Smalley is wondering, "If 3 we can overlay the info we are getting 4 regarding zip codes of callers with a census 5 map with hotspots of zip codes of OD deaths and 6 ODs," right? 7 A. Where are you seeing that? 8 Q. Christine Smalley's email at 9 p.m. on February 7. 10 A. Okay. 11 MR. LEDLIE: Object to the form of 12 the question. It's incomplete. 13 A. Could you repeat the question 14 again. 15 Q. So Christine Smalley wants to know, 16 "If we can overlay info we are getting 17 regarding zip codes of callers, then zip codes 18 of callers who complete appointments/callers 19 who don't complete, with a census map with 20 hotspots of zip codes of OD deaths and ODs," 21 right? 22 A. Yes, that's what she said on here. 23 Q. And you indicated that you are 24 collecting reports of investigation from the 25 medical examiner's office for all drug</p>	<p style="text-align: right;">Page 169</p> <p>1 you know, drug overdoses and stuff, usually, 2 not all the time, but it usually occurs in the 3 same zip codes and same areas of the county. 4 Q. You spoke about correlation and 5 causation earlier. Are you suggesting that 6 drug overdoses correlates with other public 7 health problems? 8 MR. LEDLIE: Object to the form of 9 the question. 10 A. No, I'm not. 11 Q. Can you explain why you are not? 12 A. Because it could be either/or. 13 Q. Here you -- 14 A. -- vice versa. 15 Q. Sorry. I interrupted you. Please 16 continue. 17 A. Health problems, you know, whether 18 it's, you know, depression or other things, 19 could cause substance use. In addition, 20 substance use can cause health problems. 21 Q. Right. That's correlation, right? 22 So my question is, are you suggesting to 23 Christine Smalley here that drug overdoses 24 correlate with areas that have high, insert 25 health problem here, meaning drug overdoses</p>

<p style="text-align: right;">Page 170</p> <p>1 correlate with other health problems?</p> <p>2 MR. LEDLIE: Objection to the form.</p> <p>3 MS. KOUBA: Object to the form.</p> <p>4 A. No, I'm not.</p> <p>5 Q. So what are you saying here then?</p> <p>6 A. I'm saying, like, geographically</p> <p>7 they are in the same areas.</p> <p>8 Q. Why did you say, "Insert health</p> <p>9 problem here"?</p> <p>10 A. Because as you stated before and</p> <p>11 stuff, a lot of the times other health problems</p> <p>12 are in the same areas within Summit County and</p> <p>13 stuff as the drug overdoses.</p> <p>14 Q. Right. So drug overdoses correlate</p> <p>15 with health problems in other -- or with other</p> <p>16 health problems?</p> <p>17 MS. KOUBA: Object to the form.</p> <p>18 A. That's not what this email is</p> <p>19 saying, no.</p> <p>20 Q. But I'm asking, based on your</p> <p>21 testimony just now, I'm asking you, drug</p> <p>22 overdoses correlate with other health problems,</p> <p>23 right?</p> <p>24 A. Yes, there is possibilities.</p> <p>25 Q. There is a possibility of that or</p>	<p style="text-align: right;">Page 172</p> <p>1 Q. And is that overlay random?</p> <p>2 A. No, it's not random.</p> <p>3 Q. What do you mean by it's not</p> <p>4 random?</p> <p>5 A. It's precisely where the problems</p> <p>6 are and stuff, so...</p> <p>7 Q. But that's not by coincidence?</p> <p>8 MS. KOUBA: Object to the form.</p> <p>9 MR. LEDLIE: Object to the form.</p> <p>10 Asked and answered quite a bit. This is</p> <p>11 bordering on badgering at this point. You</p> <p>12 literally asked the same question ten times.</p> <p>13 MR. MASTERS: I have not asked the</p> <p>14 same question ten times. Please don't coach</p> <p>15 the witness any further.</p> <p>16 MR. LEDLIE: I'm not coaching.</p> <p>17 This is a conduct issue, and we will suspend</p> <p>18 this deposition and we will get a ruling on</p> <p>19 this.</p> <p>20 MR. MASTERS: All right.</p> <p>21 Q. The next paragraph indicates, "The</p> <p>22 medical examiner's office is about five months</p> <p>23 behind in their data"; is that correct?</p> <p>24 A. Yes.</p> <p>25 Q. And the paragraph after that, "The</p>
<p style="text-align: right;">Page 171</p> <p>1 that is the case?</p> <p>2 A. There are possibilities. Every</p> <p>3 case is, like, different. I can't answer your</p> <p>4 question based on this email and stuff, for</p> <p>5 what you are asking. You need to have more --</p> <p>6 more data and everything and analysis to be</p> <p>7 able to come up with a correlation and stuff.</p> <p>8 So if you are asking specifically</p> <p>9 about Summit County and stuff, I don't have the</p> <p>10 analysis or knowledge and stuff with that.</p> <p>11 Q. So when you said, "Most areas that</p> <p>12 experience drug overdoses are the same areas</p> <p>13 that have high, insert health problem here,"</p> <p>14 you are saying to me now that that does</p> <p>15 not -- that does not indicate a representation</p> <p>16 that drug overdoses correlate with public</p> <p>17 health problems?</p> <p>18 MS. KOUBA: Object to the form.</p> <p>19 A. Whenever I speak of, like,</p> <p>20 correlation, or causation for that matter, I'm</p> <p>21 speaking in statistical terms.</p> <p>22 What this is saying is that there</p> <p>23 is a geographical overlay and stuff of other</p> <p>24 health problems in the same area as drug</p> <p>25 overdoses.</p>	<p style="text-align: right;">Page 173</p> <p>1 drug overdose data from the health department</p> <p>2 is more up to date," right?</p> <p>3 A. And then I add in there, "But it</p> <p>4 has its own limitations when trying to use it</p> <p>5 for program implementation."</p> <p>6 Q. So focusing on the first part, the</p> <p>7 health department is more up to date, that's</p> <p>8 what you were referring to earlier when you</p> <p>9 were talking about the difference between the</p> <p>10 medical examiner data and the public health</p> <p>11 department data; is that right?</p> <p>12 A. Those are two different datasets</p> <p>13 with two different things and stuff. That</p> <p>14 paragraph is drug overdose data, not drug</p> <p>15 overdose death data.</p> <p>16 So the health department does have</p> <p>17 more up to date with the drug overdose data and</p> <p>18 stuff, but the medical examiner's office does</p> <p>19 not keep track of that. So that's two</p> <p>20 different things.</p> <p>21 Q. And what limitations present in the</p> <p>22 health department data for trying to use it for</p> <p>23 program implementation?</p> <p>24 A. Is that it's not -- it comes up</p> <p>25 with, like, how many are occurring, like,</p>

<p style="text-align: right;">Page 174</p> <p>1 within zip codes and stuff. So you are able to 2 find that, but you are not able to find out, 3 like, specifically what is going on and stuff 4 in there. 5 So you know there is drug overdose 6 occurring and stuff within the zip code area 7 and stuff, but you can't figure out, like, 8 specifically, like, what city and stuff, and 9 all the different things that are going on 10 within those zip codes. 11 Q. Can you tell what kind of 12 substances are causing these overdoses from 13 this data? 14 A. Not to my knowledge. 15 - - - - - 16 (Thereupon, Deposition Exhibit 8, 17 January 2018 Email Exchange, 18 Beginning with Bates Label SUMMIT 19 001790151, was marked for purposes 20 of identification.) 21 - - - - - 22 Q. Showing you what has been marked as 23 Exhibit 8. The Bates numbers for this exhibit 24 are Summit 001790151. Do you recognize this 25 email exchange?</p>	<p style="text-align: right;">Page 176</p> <p>1 A. No. Those are questions about the 2 difference statistics. 3 Q. Okay. Then let's refer to your 4 email on January 18 at 11:03 a.m. In this 5 email you had questions about what data they 6 were collecting, right? 7 A. 11:03 a.m. It is referring to 8 different definitions of the types of data that 9 they are collecting. 10 Q. And you note that you have -- you 11 say, "I completely understand what you are 12 saying. It does take some time to be able to 13 understand every data source that an agency 14 has. I have been building databases for two 15 years, and I still learn something every day 16 about the data here," right? 17 A. Yes. 18 Q. What kind of databases were you 19 referring to there? 20 A. As far as the databases that I have 21 been building -- 22 Q. Yes. 23 A. -- and stuff, referring to datasets 24 that I had gotten from public records and stuff 25 and other outcomes records.</p>
<p style="text-align: right;">Page 175</p> <p>1 A. Yes, I do. 2 Q. Who is Dennis Kirimi? 3 A. He's the analyst at ASCA for the 4 ADM. 5 Q. What is ASCA? 6 A. I don't know. Akron something 7 Community Association. I'm not sure exactly 8 what the acronym stands for. 9 Q. And what is their relationship to 10 the ADM Help Line? 11 A. They run it. 12 Q. And what is the ADM Help Line? 13 A. It is a help line that people can 14 call in to to get connected to treatment for 15 substance abuse. 16 Q. And from this email exchange, it 17 appears that ASCA, in running the ADM Help 18 Line, gathers data on these calls? 19 A. Yes, they do. 20 Q. So referring to your email on 21 January 5 at 4:02 p.m. to Aimee Budnik, she is 22 also at ASCA? 23 A. Yeah. She is the director. 24 Q. And you had questions about what 25 kind of data they were collecting?</p>	<p style="text-align: right;">Page 177</p> <p>1 Q. Which databases? 2 A. I'm sorry. It sounds like the same 3 thing I just said. 4 Q. Specifically, you said, "Databases 5 that I have been building, referring to 6 datasets that I had gotten from public records 7 and stuff and other outcomes records." 8 So what datasets -- what databases 9 were you referring to that are based on 10 datasets that you had gotten from public 11 records? 12 A. That would be the medical 13 examiner's records and different police records 14 I would have gotten. 15 Q. Anything else? 16 A. As far as public data, that's the 17 majority of the data that I worked with. 18 Q. What about nonpublic data? 19 A. Nonpublic data, that would be the 20 outcomes reports. 21 Q. Anything else? 22 A. Maybe some government sites and 23 stuff, like county health reporting -- 24 THE NOTARY: I didn't hear you. 25 THE WITNESS: I'm sorry.</p>

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1 THE NOTARY: That's okay.
2 A. I said maybe some data from
3 CountyHealthRankings.Org.
4 Q. What police records have you been
5 compiling for the purposes of building a
6 database?
7 A. The CIT data, trying to put, like,
8 put that in more of electronic format, and also
9 using the Barberton Narcan usage data.
10 Q. And for what purpose were you
11 collecting police records?
12 A. We were collecting police records
13 to kind of like analyze the -- in cooperation
14 with Barberton Police Department, analyzing
15 what has been going on in Barberton and stuff,
16 as far as like things with the drug overdoses.
17 Q. You ask if -- you say, "Are you
18 able to break down the categories by drug type
19 instead of clumping all opiates together as
20 one?"
21 A. Yes.
22 Q. Why were you interested in that?
23 A. Because I wanted to know
24 specifically what type of opiate people are
25 using and stuff. So just saying opiates is

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1 throwing a whole bunch of stuff together and
2 stuff, so I wanted to be more specific. The
3 more specific you are, the more consistent you
4 can be.
5 Q. And you say that. You say, "The
6 more specific you can be the better," skipping
7 down a bit?
8 A. Yes.
9 Q. So how does specificity improve
10 your ability to draw conclusions from a
11 database?
12 MR. LEDLIE: Object to the form of
13 the question.
14 Q. Let me rephrase.
15 By clumping all opiates together
16 instead of breaking it down by categories, are
17 you able to tell which help line caller had a
18 substance use issue with which type of opiate?
19 A. Yes.
20 Q. You are able to?
21 A. By what they report, yes.
22 Q. But if they clumped everything
23 together, would you be able to tell?
24 A. No.
25 Q. Your next point is, "If there is

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1 more than one drug, are you able to add that
2 category together? For example,
3 heroin/alcohol."
4 Why were you interested in
5 categorizing drugs together, if they presented
6 both drugs or more than one drug?
7 MS. KOUBA: Object to form.
8 A. I would say for -- I'm sorry.
9 Could you repeat the question.
10 Q. Yeah. Before I do, let me circle
11 back to number 1 again.
12 A. Okay.
13 Q. Clumping all these together, all
14 opiates would include prescription opioids,
15 right, and illicit opiates?
16 A. Whatever the caller had identified.
17 Q. So it could include Oxycodone and
18 it could include heroin?
19 A. Yes.
20 Q. And it could include illicit
21 fentanyl?
22 A. Yes.
23 Q. And why was it important to you to
24 have a category that accounts for individuals
25 who use more than one drug?

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1 MR. LEDLIE: Object to the form of
2 the question?
3 A. It was important because we wanted
4 to be able to give that data to the
5 clinicians -- or I wanted to be able to give
6 that data to the clinicians, to let them know
7 exactly what it was going on, so that it would
8 inform their decisionmaking.
9 Q. Why would they need to know if
10 somebody was using both heroin and alcohol?
11 MS. KOUBA: Object to the form.
12 A. To see, like, whether -- you know,
13 what types of treatment that they may need.
14 Q. So that would inform their clinical
15 decisions?
16 A. Yes.
17 Q. He responds on page 1 and says,
18 "Please see all the options as they appear,"
19 right, and then lists a number of options,
20 right?
21 A. Yes.
22 Q. And these options are the -- these
23 options reflect the data they collect about the
24 substances that the callers report, right?
25 MR. LEDLIE: Object to the form.

<p style="text-align: right;">Page 182</p> <p>1 A. Yes.</p> <p>2 Q. And this data includes categories</p> <p>3 for multiple drug use, right?</p> <p>4 A. What do you mean by categories of</p> <p>5 multiple drug use?</p> <p>6 Q. Well, for example, number 2,</p> <p>7 alcohol, cannabis?</p> <p>8 A. Yeah, that would be two different</p> <p>9 entries.</p> <p>10 Q. Alcohol, crack cocaine?</p> <p>11 A. Yes.</p> <p>12 Q. And this data also breaks it down</p> <p>13 by various methods of using the drug, for</p> <p>14 example, heroin inhalation?</p> <p>15 A. Yes, that's part of it.</p> <p>16 Q. And there is a category for other</p> <p>17 opiates, parentheses, prescription?</p> <p>18 A. Yes.</p> <p>19 Q. So the help line then was asking</p> <p>20 callers if they -- or not asking. Let me</p> <p>21 rephrase that.</p> <p>22 The help line was collecting data</p> <p>23 on individuals who reported prescription, as</p> <p>24 opposed to just general opiates, right?</p> <p>25 MS. KOUBA: Object to the form.</p>	<p style="text-align: right;">Page 184</p> <p>1 Why does there need to be three</p> <p>2 years of data to evaluate a trend?</p> <p>3 A. That's kind of like a statistical,</p> <p>4 like, acceptable amount.</p> <p>5 Q. And why do you prefer five instead?</p> <p>6 A. Because the more data, the better,</p> <p>7 so you can kind of see what's going on.</p> <p>8 Q. So the more data you have, the</p> <p>9 better you are able to understand the</p> <p>10 situations that you are analyzing?</p> <p>11 A. Yes.</p> <p>12 - - - - -</p> <p>13 (Thereupon, Deposition Exhibit 9,</p> <p>14 February 6, 2018 Email Exchange,</p> <p>15 Beginning with Bates Label SUMMIT</p> <p>16 001065634, was marked for purposes</p> <p>17 of identification.)</p> <p>18 - - - - -</p> <p>19 Q. Showing you what has been marked as</p> <p>20 Exhibit 9. It is Bates stamped Summit</p> <p>21 001065634.</p> <p>22 Do you recognize this document?</p> <p>23 A. Yes.</p> <p>24 Q. This is an email conversation.</p> <p>25 This is an -- the first email is an email from</p>
<p style="text-align: right;">Page 183</p> <p>1 A. No, that's not the case.</p> <p>2 Q. The ADM Help Line had a data</p> <p>3 category for prescription opioids, right?</p> <p>4 A. Yes.</p> <p>5 Q. So if a reporter -- sorry.</p> <p>6 If a caller reported that they had</p> <p>7 a prescription opioid substance use issue, that</p> <p>8 would be reflected in the ADM Help Line data?</p> <p>9 A. Yes.</p> <p>10 MS. KOUBA: Before we go over</p> <p>11 another document, we have been going a little</p> <p>12 over an hour. Would this be a good time for a</p> <p>13 break?</p> <p>14 MR. MASTERS: Sure.</p> <p>15 THE VIDEOGRAPHER: Off the record</p> <p>16 at 2:25.</p> <p>17 (Recess taken.)</p> <p>18 THE VIDEOGRAPHER: On the record,</p> <p>19 2:41.</p> <p>20 Q. Let's go back to Exhibit 7 for a</p> <p>21 moment. In the email you sent, in that first</p> <p>22 paragraph, the second sentence and the third</p> <p>23 sentence say, "If you are looking for trends,</p> <p>24 there needs to be at least three years of data</p> <p>25 evaluated. I prefer five though."</p>	<p style="text-align: right;">Page 185</p> <p>1 you to Mary Alice Sonnhalter and Jerry Craig,</p> <p>2 right?</p> <p>3 A. Yes.</p> <p>4 Q. Who is Mary Alice Sonnhalter?</p> <p>5 A. She was the community relations</p> <p>6 manager at that time.</p> <p>7 Q. Is she no longer there?</p> <p>8 A. No.</p> <p>9 Q. Who is now the community relations</p> <p>10 manager?</p> <p>11 A. Chrissy Gashash.</p> <p>12 Q. And it looks like she forwarded you</p> <p>13 and Jerry Craig an email from Amani Abraham,</p> <p>14 right?</p> <p>15 A. Yes.</p> <p>16 Q. And Amani Abraham is a reporter?</p> <p>17 A. Yes. I'm guessing, so yes.</p> <p>18 Q. And his question was whether Mary</p> <p>19 Alice knew the heroin overdose numbers for</p> <p>20 2017?</p> <p>21 A. Yes.</p> <p>22 Q. And then Amani indicates, "The data</p> <p>23 dashboard shows" -- or, "The data dashboard</p> <p>24 online shows overdoses, but does not specify</p> <p>25 the drug"?</p>

<p style="text-align: right;">Page 186</p> <p>1 A. Yes.</p> <p>2 Q. Mary Alice forwarded this to you</p> <p>3 and asks, "Do you have an estimate of OD</p> <p>4 fatalities for this year," right?</p> <p>5 A. Yes.</p> <p>6 Q. And in your response, you indicated</p> <p>7 that "The problem with this request is that it</p> <p>8 will show a very small number of overdoses and</p> <p>9 overdose deaths compared to the entire</p> <p>10 opiate-related epidemic"; is that right?</p> <p>11 A. Yes.</p> <p>12 Q. The request being the heroin</p> <p>13 overdose numbers for 2017?</p> <p>14 A. Yes. That's the year he requested.</p> <p>15 Q. And why would that represent a very</p> <p>16 small number of overdoses and overdose deaths</p> <p>17 compared to the entire opiate-related epidemic?</p> <p>18 A. Because it is not representative of</p> <p>19 the whole issue at hand.</p> <p>20 Q. What would his request need to seek</p> <p>21 if he wanted to get a more comprehensive</p> <p>22 understanding of the opiate-related epidemic?</p> <p>23 A. He would have to seek the opiate</p> <p>24 overdose deaths.</p> <p>25 Q. Which include more than just</p>	<p style="text-align: right;">Page 188</p> <p>1 coding?</p> <p>2 A. I don't know what the acronym for</p> <p>3 ICD is, but we use the ICD 10, which is a</p> <p>4 current version. There is also ICD 9 entries</p> <p>5 too, that are kind of like legacy entries, and</p> <p>6 those kind of allow an agency to be able to</p> <p>7 bill for specific types of substance use</p> <p>8 disorders or treatments and stuff that they</p> <p>9 have given.</p> <p>10 Q. So I understand you don't know the</p> <p>11 acronym, but, like, what is ICD coding</p> <p>12 reflecting; like what is ICD coding?</p> <p>13 A. To my knowledge and how I have used</p> <p>14 ICD coding and stuff, it's just to -- it's part</p> <p>15 of the diagnosis and stuff that's recorded when</p> <p>16 agencies bill for a particular client or</p> <p>17 patient.</p> <p>18 Q. So in this instance then, the</p> <p>19 health department codes the overdoses, but that</p> <p>20 coding is -- it does not reflect the drug that</p> <p>21 caused the overdose, correct?</p> <p>22 A. Yeah, that's my understanding of</p> <p>23 this email.</p> <p>24 Q. Is that your understanding of the</p> <p>25 ICD coding relating to EPiCenter data?</p>
<p style="text-align: right;">Page 187</p> <p>1 heroin?</p> <p>2 A. Yes.</p> <p>3 Q. And heroin would be a small part of</p> <p>4 the opiate-related epidemic?</p> <p>5 MS. KOUBA: Object to form.</p> <p>6 A. When you say like a small part,</p> <p>7 what exactly do you mean?</p> <p>8 Q. So heroin overdoses would be --</p> <p>9 would represent a very small number of</p> <p>10 overdoses and overdose deaths compared to the</p> <p>11 entire opiate-related epidemic?</p> <p>12 A. Yes, compared to the whole, yes.</p> <p>13 Q. You then indicate, "He is correct</p> <p>14 in saying that the EPiCenter data show only</p> <p>15 drug overdoses and not specific types of</p> <p>16 drugs."</p> <p>17 A. Yes, that's what that sentence</p> <p>18 says.</p> <p>19 Q. And the EPiCenter data is the data</p> <p>20 we were talking about earlier that reflects</p> <p>21 drug overdoses in emergency departments, right?</p> <p>22 A. Yes.</p> <p>23 Q. And then you say, "This is mainly</p> <p>24 due to the ICD coding not being specific enough</p> <p>25 to show certain types of drugs." What is ICD</p>	<p style="text-align: right;">Page 189</p> <p>1 A. I can't say for sure.</p> <p>2 Q. But at the time you wrote this,</p> <p>3 that was your understanding?</p> <p>4 A. Yes.</p> <p>5 Q. And do you have any reason to think</p> <p>6 it's -- think it was wrong?</p> <p>7 A. I'd have to look back into it to</p> <p>8 double-check.</p> <p>9 Q. Sitting here today, you don't have</p> <p>10 any reason to second guess what you wrote in</p> <p>11 this email?</p> <p>12 MS. KOUBA: Object to form.</p> <p>13 A. I don't have any reason to second</p> <p>14 guess, no.</p> <p>15 Q. Then you say, "The other reason why</p> <p>16 everything shows as a drug overdose or drug</p> <p>17 overdose related-death, is because normally a</p> <p>18 person will have several drugs in their system</p> <p>19 once their toxicology reports are finished"; is</p> <p>20 that right?</p> <p>21 A. Yes, that's what that sentence</p> <p>22 says.</p> <p>23 Q. And then you went on to say, "Thus,</p> <p>24 it is hard to determine which drug was the</p> <p>25 cause if there are multiple types of drugs</p>

<p style="text-align: right;">Page 190</p> <p>1 found," right?</p> <p>2 A. Yes, that's what I wrote.</p> <p>3 Q. And as you indicated previously</p> <p>4 with the ADM Help Line data, the more</p> <p>5 specificity in coding, the better, because it</p> <p>6 allows you to draw more specific and accurate</p> <p>7 conclusions, right?</p> <p>8 MS. KOUBA: Object to form.</p> <p>9 MR. LEDLIE: Object to form.</p> <p>10 A. When you say specificity, what do</p> <p>11 you mean?</p> <p>12 Q. Specificity about -- oh, sorry.</p> <p>13 Specificity about the drug types</p> <p>14 that are involved in overdoses data.</p> <p>15 A. From using that statistical jargon</p> <p>16 and stuff, it doesn't determine specificity.</p> <p>17 Q. Sorry. Could you explain that?</p> <p>18 A. Specificity is a type of test and</p> <p>19 it's a statistical test. So that has not been</p> <p>20 done on anything.</p> <p>21 If you are using the word</p> <p>22 specificity as like a form of specific, then</p> <p>23 that's a total different thing.</p> <p>24 Q. I'm using the term colloquially.</p> <p>25 You say here, "This is mainly due</p>	<p style="text-align: right;">Page 192</p> <p>1 A. I'm not sure.</p> <p>2 Q. Do you know who Nick Veauthier is?</p> <p>3 A. Yes, I do.</p> <p>4 Q. Who is he?</p> <p>5 A. He is the IT manager.</p> <p>6 Q. How long has he been with Summit</p> <p>7 ADM?</p> <p>8 A. Maybe 15 years, maybe more.</p> <p>9 Q. What is his role as the IT manager?</p> <p>10 A. From my relationship with him, he's</p> <p>11 the database manager. And so that's what I</p> <p>12 know of his role. So I don't know what</p> <p>13 involves everything about his role.</p> <p>14 Q. Which databases did he manage?</p> <p>15 A. The GOSH database and all the</p> <p>16 claims databases.</p> <p>17 Q. What is the GOSH database?</p> <p>18 A. It's a database that includes all</p> <p>19 of the claims information.</p> <p>20 Q. When you say claims information,</p> <p>21 what are you referring to?</p> <p>22 A. The claims data, which is what,</p> <p>23 like, agencies bill us and stuff, and they have</p> <p>24 a record of all that.</p> <p>25 Q. Agencies meaning?</p>
<p style="text-align: right;">Page 191</p> <p>1 to the ICD coding not being specific enough to</p> <p>2 show certain types of drugs."</p> <p>3 A. Okay.</p> <p>4 Q. And I'm just trying to establish</p> <p>5 that -- I'm trying to ask you whether -- well,</p> <p>6 strike that.</p> <p>7 - - - - -</p> <p>8 (Thereupon, Deposition Exhibit 10,</p> <p>9 November 17, 2017 Email Exchange,</p> <p>10 Beginning with Bates Label SUMMIT</p> <p>11 001095232, was marked for purposes</p> <p>12 of identification.)</p> <p>13 - - - - -</p> <p>14 Q. Showing you what has been marked as</p> <p>15 Exhibit 10, Bates stamp Summit 001095232. Do</p> <p>16 you recognize this document?</p> <p>17 A. Yes, I do.</p> <p>18 Q. The first email above is an email</p> <p>19 from you to Jerry Craig, right?</p> <p>20 A. Yes, it is.</p> <p>21 Q. And you are forwarding a</p> <p>22 conversation, an email thread between you and</p> <p>23 Nick Veauthier?</p> <p>24 A. Yes.</p> <p>25 Q. Did I pronounce that correctly?</p>	<p style="text-align: right;">Page 193</p> <p>1 A. ADM funded agencies.</p> <p>2 Q. So, for example, Oriana House?</p> <p>3 A. Yes.</p> <p>4 Q. So Mr. Veauthier -- I'm butchering</p> <p>5 his name, I'm sure.</p> <p>6 Mr. Veauthier manages the GOSH</p> <p>7 database?</p> <p>8 A. Yes.</p> <p>9 Q. Which contains claims information?</p> <p>10 A. Yes.</p> <p>11 Q. What other databases does he</p> <p>12 manage?</p> <p>13 A. I'm not sure.</p> <p>14 Q. Have you heard of a database named</p> <p>15 M-A-C-S-I-S?</p> <p>16 A. Yes. MACSIS.</p> <p>17 Q. What is MACSIS?</p> <p>18 A. It was the older version of the</p> <p>19 claims database and stuff, and then it updated</p> <p>20 to GOSH.</p> <p>21 Q. When did it update to GOSH?</p> <p>22 A. I don't know the exact date and</p> <p>23 stuff of when that was set in place.</p> <p>24 Q. So MACSIS was the way that</p> <p>25 contracting agencies informed ADM of various</p>

<p style="text-align: right;">Page 194</p> <p>1 claims prior to the arrival of GOSH database?</p> <p>2 A. They are the same thing.</p> <p>3 Q. They are the same exact thing?</p> <p>4 A. Same thing, two different software.</p> <p>5 Q. Okay. If you look at the first</p> <p>6 email in this thread, this is an email from you</p> <p>7 to Nick, and you asked, "Am I able to determine</p> <p>8 what types of opiates, prescription versus</p> <p>9 illegal street, were used in the claims data?</p> <p>10 If so, how"; is that right?</p> <p>11 A. Yes.</p> <p>12 Q. What was his response?</p> <p>13 A. He said, "No, the opiate diagnosis</p> <p>14 only consists of the following," and then he</p> <p>15 lists the following codes.</p> <p>16 Q. Those codes include, for example,</p> <p>17 opioid-related disorders; opioid abuse; opioid</p> <p>18 abuse, uncomplicated; opioid abuse with</p> <p>19 intoxication, correct?</p> <p>20 A. Yes.</p> <p>21 Q. These are various descriptions of</p> <p>22 the opioid-related disorder that is presented</p> <p>23 at these -- in the patients at these</p> <p>24 contracting agencies?</p> <p>25 A. I'm sorry. Could you repeat that.</p>	<p style="text-align: right;">Page 196</p> <p>1 opioid use -- sorry, yeah, opioid use, 11.9 and</p> <p>2 below; is that correct?</p> <p>3 MR. LEDLIE: Object to the form of</p> <p>4 the question.</p> <p>5 A. Yes and no.</p> <p>6 Q. What's the no to that answer?</p> <p>7 A. Yes is the part, that's what's</p> <p>8 written here and stuff, and no is the part that</p> <p>9 these are two different -- coming from two</p> <p>10 different things and stuff.</p> <p>11 OCD -- sorry. ICD9 and ICD10 and</p> <p>12 stuff involve, like, all the different codes</p> <p>13 and stuff. OCD -- ICD10 refers to opiate use</p> <p>14 disorders. OC -- here I go again. ICD9 refers</p> <p>15 to opioid abuse and dependence.</p> <p>16 Q. Regardless, these categories that</p> <p>17 Nick copied represent all of the opiate</p> <p>18 diagnoses codes that can be entered into the</p> <p>19 claims data?</p> <p>20 A. That I don't know.</p> <p>21 Q. Is that what Nick told you?</p> <p>22 A. No, that's not what Nick told me.</p> <p>23 Q. What did Nick tell you?</p> <p>24 A. Is that the opiate diagnosis only</p> <p>25 consists of the following.</p>
<p style="text-align: right;">Page 195</p> <p>1 Q. So these are just various</p> <p>2 descriptions of the kinds of opioid-related</p> <p>3 disorders that present in patients who receive</p> <p>4 services from the contracting agencies?</p> <p>5 A. No.</p> <p>6 Q. Okay. Can you help me understand</p> <p>7 it better.</p> <p>8 A. These are billing codes.</p> <p>9 Q. These are billing codes that</p> <p>10 describe opioid-related disorders, correct?</p> <p>11 A. They describe a diagnosis and stuff</p> <p>12 of what the person is being treated.</p> <p>13 Q. And that diagnosis of an</p> <p>14 opioid-related disorder?</p> <p>15 A. If you are referring to the top</p> <p>16 one, yes.</p> <p>17 Q. So the top one is F11,</p> <p>18 opioid-related disorders, and then F11.1, is</p> <p>19 that a subset of F11?</p> <p>20 MR. LEDLIE: Object to the form of</p> <p>21 the question.</p> <p>22 A. That I don't know.</p> <p>23 Q. It appears that these categories</p> <p>24 include different codes for opioid abuse,</p> <p>25 F11.1; opioid dependence, F11.20; and below,</p>	<p style="text-align: right;">Page 197</p> <p>1 Q. And what do you understand that to</p> <p>2 mean?</p> <p>3 A. That the following is there, but I</p> <p>4 don't know if that's, like, inclusive. We</p> <p>5 would have to ask Nick and stuff about that.</p> <p>6 Q. But it does not distinguish between</p> <p>7 prescription versus illegal street opioids?</p> <p>8 A. No, it doesn't. That was what was</p> <p>9 part of his answer.</p> <p>10 Q. And you forwarded this on to Jerry</p> <p>11 Craig and said, "Below is Nick's answer to the</p> <p>12 question of identifying opiate drug use by</p> <p>13 type," correct?</p> <p>14 A. Yes.</p> <p>15 Q. Was this a question that Mr. Craig</p> <p>16 had asked you?</p> <p>17 A. I would say yes. He must have</p> <p>18 asked me not through email.</p> <p>19 Q. Do you recall --</p> <p>20 THE NOTARY: I didn't hear the end.</p> <p>21 A. Yeah. He must have asked me and</p> <p>22 not stated it through email.</p> <p>23 Q. Do you recall how he asked you, if</p> <p>24 not through email?</p> <p>25 A. No, I don't recall.</p>

<p style="text-align: right;">Page 198</p> <p>1 Q. Do you recall the conversation you 2 had with him about it?</p> <p>3 A. No, I don't. 4 - - - - -</p> <p>5 (Thereupon, Deposition Exhibit 11, 6 February 1, 2017 Email Exchange, 7 Beginning with Bates Label SUMMIT 8 000884505, was marked for purposes 9 of identification.) 10 - - - - -</p> <p>11 Q. I'm showing you what has been 12 marked as Exhibit 11, Summit 0884505. Do you 13 recognize this document?</p> <p>14 A. Yes. It's an email.</p> <p>15 Q. At the bottom of the first page, it 16 appears that you sent an email to Doug Smith at 17 10:09 a.m. on February 1, 2017; is that 18 correct?</p> <p>19 A. What page are you on?</p> <p>20 Q. The bottom of page 1, the very 21 first page.</p> <p>22 A. At what time?</p> <p>23 Q. 10:09 a.m.</p> <p>24 A. No. Oh, wait, I'm sorry. Yes. 25 Yeah, I see that now.</p>	<p style="text-align: right;">Page 200</p> <p>1 Q. But from your perspective, you 2 don't know?</p> <p>3 A. I don't know. You would have to 4 ask him.</p> <p>5 Q. Do you know if Dr. Smith has ever 6 treated patients with symptoms of pain?</p> <p>7 MS. KOUBA: Object to form.</p> <p>8 A. I don't know about Dr. Smith's, 9 like, medical career.</p> <p>10 Q. So you were just asking him because 11 he's a physician generally?</p> <p>12 A. Yes.</p> <p>13 Q. And his response was, "It can be a 14 symptom of vaginitis, inflammation, which can 15 be painful. However, an opiate does seem 16 excessive"; is that right?</p> <p>17 A. That's what that email does say, 18 yes.</p> <p>19 Q. Did you know at the time that 20 leukorrhea was a symptom of vaginitis?</p> <p>21 MS. KOUBA: Object to form.</p> <p>22 A. No, I did not.</p> <p>23 Q. Do you know that leukorrhea can be 24 painful?</p> <p>25 A. No, I do not.</p>
<p style="text-align: right;">Page 199</p> <p>1 Q. And you asked, or you said, "I have 2 a medical question for you: Why would a woman 3 who is diagnosed with leukorrhea need to be 4 prescribed oxycodone and acetaminophen," right?</p> <p>5 A. Yes.</p> <p>6 Q. Why were you asking Dr. Smith this 7 question?</p> <p>8 A. Because he's a psychiatrist and a 9 medical doctor.</p> <p>10 Q. So you thought this kind of 11 question could be answered by a physician?</p> <p>12 A. Yes.</p> <p>13 Q. Why do you think this question 14 required the answer of a physician?</p> <p>15 A. Because he is an expert in his 16 field and stuff, so he would know about medical 17 stuff.</p> <p>18 Q. And what is Dr. Smith's specialty 19 as a medical doctor?</p> <p>20 A. He's a psychiatrist.</p> <p>21 Q. Do you know if he's ever treated a 22 woman -- or women who are diagnosed with 23 leukorrhea?</p> <p>24 MS. KOUBA: Object to form.</p> <p>25 A. You would have to ask him.</p>	<p style="text-align: right;">Page 201</p> <p>1 Q. Do you know whether it is common to 2 prescribe opioids for women with leukorrhea?</p> <p>3 A. No, I do not.</p> <p>4 Q. In your response, you indicate, 5 "Thank you. I am extracting data from Explorys 6 for the 443XX zip code and downloading patient 7 records. It'll be a while before I can run a 8 diagnosis, but when I am finished, I will send 9 it to you." What is Explorys?</p> <p>10 A. It's a database.</p> <p>11 Q. What kind of database?</p> <p>12 A. It's a database that holds, like, 13 hospital records.</p> <p>14 Q. Is this a publicly available 15 database?</p> <p>16 A. No, it's not.</p> <p>17 Q. How did you get access to this 18 database?</p> <p>19 A. The health department owned that.</p> <p>20 Q. And from this database, you were 21 able to download patient records?</p> <p>22 A. Yes.</p> <p>23 Q. And what did those patient records 24 reflect?</p> <p>25 A. Not much.</p>

<p style="text-align: right;">Page 202</p> <p>1 Q. Can you elaborate?</p> <p>2 A. They weren't very specific and</p> <p>3 stuff, as far as, like, what they had and</p> <p>4 stuff.</p> <p>5 Q. What did they have?</p> <p>6 A. It had information as far as, like,</p> <p>7 what their diagnoses was and what they were</p> <p>8 seen for and the dates. And sometimes it</p> <p>9 included treatments, other times it didn't.</p> <p>10 Q. Would it indicate, for example, if</p> <p>11 a patient was prescribed any medication?</p> <p>12 A. That I don't know.</p> <p>13 Q. You don't recall?</p> <p>14 A. I don't recall, and it seems like</p> <p>15 these are two different conversations and</p> <p>16 stuff. I mean, this says thank you for the</p> <p>17 answer, then I go on about, like, downloading</p> <p>18 patient records, but I don't see a connection</p> <p>19 between the two.</p> <p>20 Q. Right. Putting aside that there is</p> <p>21 a connection, putting aside -- yeah, putting</p> <p>22 aside that there is a connection, I'm asking</p> <p>23 generally about this part of the email after</p> <p>24 the thank you to understand what you are saying</p> <p>25 here about Explorys, okay?</p>	<p style="text-align: right;">Page 204</p> <p>1 A. We had access to the zip code and,</p> <p>2 I believe, like, you know, why they were being</p> <p>3 seen at the hospital and stuff, but I can't</p> <p>4 remember.</p> <p>5 Q. And how would that be indicated on</p> <p>6 the record?</p> <p>7 A. In the column and stuff that it was</p> <p>8 available in.</p> <p>9 Q. So there was a column that said</p> <p>10 reason for treatment, or something like that?</p> <p>11 A. I can't remember stuff exactly.</p> <p>12 Q. Do you recall any other columns on</p> <p>13 this database?</p> <p>14 A. There was a lot, but I didn't like</p> <p>15 this database and stuff, because it didn't</p> <p>16 give, like, very specific things, so I didn't</p> <p>17 use it very much --</p> <p>18 Q. What specific --</p> <p>19 A. So I don't have --</p> <p>20 MR. LEDLIE: Sorry. You were</p> <p>21 cutting him off, and it wasn't on purpose, but</p> <p>22 let's just be mindful.</p> <p>23 MR. MASTERS: Just one question, I</p> <p>24 believe that --</p> <p>25 MR. LEDLIE: Under the deposition</p>
<p style="text-align: right;">Page 203</p> <p>1 So Explorys is a database that</p> <p>2 contains hospital records, right?</p> <p>3 A. Yes.</p> <p>4 Q. Does it contain any other kind of</p> <p>5 patient records?</p> <p>6 A. That I don't know.</p> <p>7 Q. But you downloaded data from this</p> <p>8 database?</p> <p>9 A. Yes, I did.</p> <p>10 Q. And when you downloaded the data</p> <p>11 from the database, did you see anything other</p> <p>12 than hospital records?</p> <p>13 A. No.</p> <p>14 Q. And these hospital records include</p> <p>15 patient records?</p> <p>16 MS. KOUBA: Object to the form.</p> <p>17 A. Yes.</p> <p>18 Q. Which you downloaded?</p> <p>19 A. Yes, but not exactly, because the</p> <p>20 version of Explorys that we had was kind of</p> <p>21 like a watered-down version. So we really</p> <p>22 didn't have access to an entire, like,</p> <p>23 patient's record and stuff. It was a -- there</p> <p>24 was a lot of holes missing in it.</p> <p>25 Q. What did you have access to?</p>	<p style="text-align: right;">Page 205</p> <p>1 protocol, two lawyers can answer. We can't</p> <p>2 always anticipate each other, if that's your</p> <p>3 question.</p> <p>4 MR. MASTERS: So are you</p> <p>5 defending -- you are both defending this</p> <p>6 deposition?</p> <p>7 MR. LEDLIE: Correct.</p> <p>8 MR. MASTERS: Okay.</p> <p>9 Q. I'm sorry. I did not mean to cut</p> <p>10 you off. I thought you had finished.</p> <p>11 What specific, what very specific</p> <p>12 things did this database not have that caused</p> <p>13 you to dislike it?</p> <p>14 MS. KOUBA: Object to form.</p> <p>15 A. It didn't have specific zip code</p> <p>16 data and only included, like, the first three</p> <p>17 digits of the zip code.</p> <p>18 Q. Anything else that was missing from</p> <p>19 this database that you thought would have been</p> <p>20 useful?</p> <p>21 A. Not to my knowledge.</p> <p>22 Q. Do you recall patient records</p> <p>23 indicating whether a patient was prescribed</p> <p>24 medication?</p> <p>25 A. I don't know that.</p>

<p style="text-align: right;">Page 206</p> <p>1 Q. When you say, "It'll be a while 2 before I can run a diagnosis," what were you 3 referring to? 4 A. Probably the speed of the computer. 5 Q. And specifically running a 6 diagnosis, what were you referring to by that? 7 A. Referring to, like, running an 8 analysis. 9 Q. Of what specifically? 10 A. The Explorys data. 11 Q. What were you looking for in the 12 Explorys data? 13 A. I don't know from this email. 14 May I take a break, I have to use 15 the restroom really bad. 16 Q. Yes. 17 THE VIDEOGRAPHER: Off the record, 18 3:11. 19 (Recess taken.) 20 THE VIDEOGRAPHER: On the record, 21 3:13. 22 - - - - - 23 (Thereupon, Deposition Exhibit 12, 24 Presentation, Opioid Epidemic: An 25 Overview in Summit County, Bates</p>	<p style="text-align: right;">Page 208</p> <p>1 A. No, I did not. 2 Q. But you supervised it; is that 3 right? 4 MR. LEDLIE: Object to the form of 5 the question. 6 A. I collaborated. 7 Q. And from your understanding, what 8 was her research objective? 9 A. From my understanding, actually 10 it's analyzing different trends, like the 11 medical examiner's data and doing a GAS 12 analysis. 13 Q. And prior to putting your name on 14 this presentation, did you review the work that 15 she did? 16 A. No, I did not. 17 Q. So how did your name get on this 18 presentation? 19 MS. KOUBA: Object to form. 20 A. Well, before this presentation was 21 created and sent out, I didn't, but I helped 22 with the data and stuff, like helping gather 23 data and providing her, like, different 24 connections. 25 Q. What connections?</p>
<p style="text-align: right;">Page 207</p> <p>1 Label SUMMIT 001742658, was marked 2 for purposes of identification.) 3 - - - - - 4 Q. I'm showing you what has been 5 marked as Exhibit 12, Bates stamp Summit 6 001742658. Do you recognize this document? 7 A. Yes, I do. 8 Q. What is it? 9 A. It is a presentation. 10 Q. Is your name on this document? 11 A. Yes, it is. 12 Q. Did you help with it? 13 A. I collaborated with it, yes. 14 Q. And in what ways did you 15 collaborate? 16 A. Providing data to the student and 17 helping her with her research outline. 18 Q. Did you review the work that she 19 did? 20 A. Yes. 21 Q. Did you work on this 22 presentation -- did you work on actually 23 creating this presentation? 24 A. No, I did not. 25 Q. Did you edit the presentation?</p>	<p style="text-align: right;">Page 209</p> <p>1 A. Connections to getting the data. 2 Q. Which data? 3 A. All of it. All the medical 4 examiner's data, actually the drug overdose 5 data, and then she analyzed it on her own. 6 Q. It appears from page 2 that she 7 obtained from the Summit Medical Examiner death 8 records as a result of drug overdose from 2014 9 to 2016; is that right? 10 A. Yes, that's what it's dated. 11 Q. And on page 3, there is a section 12 called Toxicology Report, and the second bullet 13 point indicates, "According to narratives 14 percentage of cases whom were prescribed 15 prescription opioid at time of death," and then 16 there is a table, right? 17 A. Yes. 18 Q. And that table is called Opioid 19 Prescription Data? 20 A. Yes. 21 Q. What does it mean -- actually, 22 strike that. 23 This table indicates that 11 24 percent of overdose -- of drug overdose 25 victims, drug overdose death victims, had a</p>

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1 prescription opioid at the time -- prescribed
 2 at the time of death, correct?
 3 MS. KOUBA: Object to form.
 4 Q. I should correct that and say 11.26
 5 percent.
 6 A. Yes.
 7 Q. And 12.23 percent did not, correct?
 8 A. That's what this table says, yes.
 9 Q. And there is no data for the
 10 remaining 76.5 percent; is that correct?
 11 A. Yes.
 12 Q. So the medical examiner -- so 76.5
 13 percent of the medical examiner records from
 14 2014 to 2016 do not indicate whether or not an
 15 opioid was prescribed at the time of death?
 16 MS. KOUBA: Object to form.
 17 A. I think that probably would be a
 18 question better answered by the medical
 19 examiner.
 20 Q. Did you ever present on this -- did
 21 you present this presentation?
 22 A. No, I did not.
 23 Q. Did you ever attend a presentation
 24 by the student who put this together?
 25 A. No, I did not.

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1 - - - - -
 2 (Thereupon, Deposition Exhibit 13,
 3 Email Exchange with Report Attached,
 4 Beginning with Bates Label SUMMIT
 5 001405605, was marked for purposes
 6 of identification.)
 7 - - - - -
 8 Q. Showing you what has been marked
 9 Exhibit 13, Summit 001405605. Do you recognize
 10 this document?
 11 A. Yes. This is an email.
 12 Q. It's an email from you to Aimee at
 13 the top, right?
 14 A. At the top, yes.
 15 Q. The email at the bottom is an email
 16 from you to clinical services, right --
 17 sorry -- at the bottom of the chain, so the
 18 bottom of page 3?
 19 A. Yes.
 20 Q. What is clinical services?
 21 A. That's our department email.
 22 Q. And it says, "Here is a report I
 23 was able to generate using the medical
 24 examiner's data," correct?
 25 A. Yes.

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1 Q. At the top of page 2, so further up
 2 the chain, you wrote, "Here is the revised
 3 edition. There were a few errors on the last
 4 one," right?
 5 A. Yes.
 6 Q. And then Aimee emailed and asked,
 7 "Were they major revisions? I shared this
 8 information with Montgomery County," right?
 9 A. Yes.
 10 Q. And you said, "The only major
 11 revision was carfentanil was left out, but
 12 nothing major there," correct?
 13 A. Yes.
 14 Q. So turning to the report, which is
 15 the attachment to this email, do you recognize
 16 this?
 17 A. Yes, I do.
 18 Q. Is this the report that you were
 19 referencing when you said, "Here is the revised
 20 version -- revised edition"?
 21 A. I don't know, because I don't have
 22 a copy of the unrevised version to the revised
 23 version to be able to figure out which one is
 24 which.
 25 Q. This one has carfentanil on it,

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1 correct?
 2 A. Yes, it does.
 3 Q. So do you have any reason to
 4 believe that this is something other than the
 5 revised edition?
 6 A. From my notes, no, I would say that
 7 this is the revised edition.
 8 Q. Paragraph 3 states, "Fentanyl has
 9 been found in 270 drug-related deaths during
 10 this time period."
 11 Just to be clear, fentanyl there,
 12 did you intend -- using the word fentanyl
 13 there, did you intend to draw a distinction
 14 between illicit fentanyl and prescription
 15 fentanyl?
 16 A. No.
 17 Q. So fentanyl lumps together illicit
 18 fentanyl and any potential prescription
 19 fentanyl?
 20 MS. KOUBA: Objection to form.
 21 A. Fentanyl is what is listed by the
 22 medical examiner and stuff, so she would be the
 23 one to be able to distinguish that.
 24 Q. So you just copied the medical
 25 examiner's designation of fentanyl listed on

<p style="text-align: right;">Page 214</p> <p>1 the toxicology report?</p> <p>2 A. Yes.</p> <p>3 Q. You note that there was an increase</p> <p>4 of fentanyl-related deaths by 5,250 percent,</p> <p>5 correct?</p> <p>6 A. Yes, from 2010 to 2016.</p> <p>7 Q. Thank you for the clarification.</p> <p>8 Looking at table I, what is table I</p> <p>9 describing?</p> <p>10 A. Alcohol and other drugs and</p> <p>11 drug-related deaths in Summit County from 2010</p> <p>12 to 2016.</p> <p>13 Q. And what are the various rows in</p> <p>14 the table?</p> <p>15 A. Those are the -- well, the first</p> <p>16 one is the drug, and then you have each year</p> <p>17 from 2010 to 2016, and then the totals.</p> <p>18 Q. Is this a reflection of cause of</p> <p>19 death?</p> <p>20 A. No.</p> <p>21 Q. Is this what is presented in the</p> <p>22 toxicology reports?</p> <p>23 A. Yes, what drugs were found in those</p> <p>24 toxicology reports.</p> <p>25 Q. And so for fentanyl, in 2010, there</p>	<p style="text-align: right;">Page 216</p> <p>1 A. When you say drug overdoses, what</p> <p>2 are you referring to?</p> <p>3 Q. I'm referring to the data dashboard</p> <p>4 that we discussed earlier in Exhibit 4 that</p> <p>5 showed a spike in the EPiCenter data, the</p> <p>6 EPiCenter drug overdose data.</p> <p>7 A. Okay. So the drug overdoses, drug</p> <p>8 overdose visits to the emergency room; is that</p> <p>9 what we are talking about? Yeah.</p> <p>10 Q. And then we also looked at, on that</p> <p>11 same data dashboard, a chart analyzing the drug</p> <p>12 overdose deaths, showing a spike from 2015 to</p> <p>13 2016, correct?</p> <p>14 A. Yes.</p> <p>15 Q. And you attributed that spike to</p> <p>16 fentanyl and carfentanil, correct?</p> <p>17 MS. KOUBA: Object to form.</p> <p>18 A. Yes.</p> <p>19 Q. And looking at this data here, with</p> <p>20 the number of fentanyl and carfentanil deaths</p> <p>21 in 2016, as opposed to earlier years, is that</p> <p>22 consistent with your conclusion?</p> <p>23 A. Could you repeat that.</p> <p>24 Q. Looking at -- let's switch courses.</p> <p>25 Looking at this table I, which</p>
<p style="text-align: right;">Page 215</p> <p>1 were two overdoses, examined by the medical</p> <p>2 examiner, that contained fentanyl, right?</p> <p>3 A. Yes.</p> <p>4 Q. In 2011 there were two; in 2012</p> <p>5 there were 4; 2013, 5; 2014, 56; 2015, 94;</p> <p>6 2016, 107, correct?</p> <p>7 A. Yes.</p> <p>8 Q. Looking down a little bit to</p> <p>9 cocaine, 2010 there were 7; 2011 there were 13;</p> <p>10 2012 there were 7; 2011 -- sorry, let me start</p> <p>11 over.</p> <p>12 2010, 7; 2011, 13; 2012, 7; 2013,</p> <p>13 11; 2014, 19; 2015, 14; 2016, 56; is that</p> <p>14 correct; is that what it says?</p> <p>15 A. Yes, that's what it says.</p> <p>16 Q. And you mentioned earlier that</p> <p>17 there was a spike in drug overdoses between</p> <p>18 2015 and 2016; is that right?</p> <p>19 A. Where do you see that?</p> <p>20 Q. This is from earlier this morning.</p> <p>21 A. Okay. Could you repeat that.</p> <p>22 Q. You mentioned earlier this morning</p> <p>23 that there was a spike, there was an increase</p> <p>24 in drug overdoses in July of 2016, correct?</p> <p>25 MS. KOUBA: Object to form.</p>	<p style="text-align: right;">Page 217</p> <p>1 drugs would you, as a data analyst, when you</p> <p>2 are looking at this, say there was a large</p> <p>3 increase from 2010 to 2016 in the number of</p> <p>4 drug overdose deaths?</p> <p>5 MS. KOUBA: Object to form.</p> <p>6 A. I'm sorry. Did you say, like, as a</p> <p>7 cause of death?</p> <p>8 Q. Yes. Referring to table I --</p> <p>9 sorry, sorry. If I said as a cause of death, I</p> <p>10 don't think that I meant to.</p> <p>11 MR. LEDLIE: Did you say number of</p> <p>12 drug overdose deaths?</p> <p>13 Q. Yeah, which is reflected in the</p> <p>14 toxicology report, right? This is the</p> <p>15 toxicology report.</p> <p>16 A. This table does not reflect the</p> <p>17 cause of death.</p> <p>18 Q. Right. This table --</p> <p>19 A. This table reflects the toxicology</p> <p>20 report.</p> <p>21 Q. Correct. And I'm saying, looking</p> <p>22 at this, which drugs, based on this chart, seem</p> <p>23 to account for the large increase in drug</p> <p>24 overdose deaths on the -- as reflected on the</p> <p>25 toxicology report?</p>

<p style="text-align: right;">Page 218</p> <p>1 MS. KOUBA: Object to form. 2 A. You can't come up with that 3 assumption. 4 Q. Okay. So what would we need in 5 order to draw a conclusion? 6 A. You would have to talk to the 7 medical examiner's office and stuff like that, 8 because they are the ones that are in charge of 9 death. From this data right here and stuff, 10 you can't speculate that, but I believe that, 11 you know, the medical examiner would have a 12 better answer on that than I would. 13 Q. What would you need in order to 14 answer that question? 15 A. More knowledge about medical 16 examiner records. 17 - - - - - 18 (Thereupon, Deposition Exhibit 14, 19 Summit County Quick Response Team 20 Meeting Report, Beginning with Bates 21 Label SUMMIT 001793050, was marked 22 for purposes of identification.) 23 - - - - - 24 Q. I'm showing you what has been 25 marked as Exhibit 14, Summit 001793050.</p>	<p style="text-align: right;">Page 220</p> <p>1 A. Since January 2017. 2 Q. So you were around when 3 this -- when this concept was rolled out? 4 A. Yes. 5 Q. And is there one quick response 6 team or are there a number of quick response 7 teams? 8 A. There is a number of quick response 9 teams. 10 Q. Do they differ by jurisdiction? 11 A. Yes. 12 Q. So does the City of Akron have a 13 different quick response team than Summit 14 County? 15 A. Summit County doesn't have one. 16 Q. Summit County does not have one? 17 A. No. 18 Q. Is it a city -- so it is a city 19 municipality connected program? 20 A. Yes. It is different 21 municipalities. 22 Q. And what is the nature of Summit 23 ADM's involvement in the quick response team 24 program? 25 A. They are the funders of the quick</p>
<p style="text-align: right;">Page 219</p> <p>1 MS. KOUBA: Can I get a copy? 2 MR. MASTERS: Sorry. 3 MS. KOUBA: Thank you. 4 Q. Do you recognize this document? 5 A. Yes, I do. 6 Q. What is it? 7 A. It's a Summit County Response Team 8 meeting report. 9 Q. And have you seen it before? 10 A. Yes. 11 Q. Did you draft this document? 12 A. Yes, I did. 13 Q. What is the quick response team? 14 A. The quick response team is a team 15 that consists of a social worker, police 16 officer, and EMS personnel and stuff, and they 17 go out to somebody's house that have overdosed 18 from drugs and stuff, and try to get them into 19 treatment. 20 Q. So the purpose of the team is to 21 encourage the person who overdosed to seek 22 treatment? 23 A. Yes. 24 Q. How long have quick response teams 25 been around at Summit County?</p>	<p style="text-align: right;">Page 221</p> <p>1 response team. 2 Q. What do you mean by they are the 3 funders? 4 A. They fund the different agencies 5 and stuff that do the quick response team. 6 Q. Do you know whether these 7 agencies -- strike that. 8 Do you know whether these quick 9 response teams receive funding from anyone 10 other than Summit ADM? 11 A. No, I don't know that. 12 Q. Do you know how much money Summit 13 ADM provides for these quick response teams? 14 A. No, I don't. 15 Q. In the bottom right-hand corner, 16 there is a small table, right? 17 A. Yes. 18 Q. What does that table show? 19 A. That is the top five substances 20 reported from the ADM Help Line in 2017. 21 Q. And what are those top five 22 substances? 23 A. They are heroin, methamphetamine, 24 fentanyl, alcohol and cannabis. 25 Q. What is the percentage listed for</p>

<p style="text-align: right;">Page 222</p> <p>1 heroin?</p> <p>2 A. 43 percent.</p> <p>3 Q. And for meth?</p> <p>4 A. 14 percent.</p> <p>5 Q. Fentanyl?</p> <p>6 A. 13 percent.</p> <p>7 Q. Alcohol?</p> <p>8 A. 7 percent.</p> <p>9 Q. Cannabis?</p> <p>10 A. 5 percent.</p> <p>11 Q. And the ADM Help Line, in their</p> <p>12 data collection, distinguishes between</p> <p>13 prescription and illicit opioids, correct?</p> <p>14 MS. KOUBA: Object to form.</p> <p>15 A. Prescription and illicit, you said?</p> <p>16 Q. They have categories -- they have</p> <p>17 categories that differentiate them, correct?</p> <p>18 A. Not complete, no.</p> <p>19 Q. If you recall, this is what we were</p> <p>20 discussing with respect to Exhibit 8. Perhaps</p> <p>21 you can refer to Exhibit 8 again. Does this</p> <p>22 refresh your recollection?</p> <p>23 A. Yes.</p> <p>24 Q. So again, to ask the question that</p> <p>25 I asked earlier, the ADM Help Line, in their</p>	<p style="text-align: right;">Page 224</p> <p>1 question.</p> <p>2 So prescription opioids are not</p> <p>3 listed among the top five substances reported</p> <p>4 from the ADM Help Line in 2017, correct?</p> <p>5 A. That's not listed here, no.</p> <p>6 - - - - -</p> <p>7 (Thereupon, Deposition Exhibit 15,</p> <p>8 Email Exchange with Health Advisory</p> <p>9 Attached, Beginning with Bates Label</p> <p>10 SUMMIT 001407955, was marked for</p> <p>11 purposes of identification.)</p> <p>12 - - - - -</p> <p>13 Q. I'm showing you what has been</p> <p>14 marked as Exhibit 15, Summit 001407955. Do you</p> <p>15 recognize this document?</p> <p>16 A. Yes.</p> <p>17 Q. What is it?</p> <p>18 A. It's an email.</p> <p>19 Q. From -- the first one is from you</p> <p>20 to Aimee Wade?</p> <p>21 A. Yes.</p> <p>22 Q. And you are forwarding an email</p> <p>23 from Jerry Craig?</p> <p>24 A. Yes.</p> <p>25 Q. Jerry Craig says, "Please see this</p>
<p style="text-align: right;">Page 223</p> <p>1 data collection, tracks whether an individual</p> <p>2 reports an issue with prescription opioids and</p> <p>3 whether that person or other persons have an</p> <p>4 issue with other illicit opioids, correct?</p> <p>5 MS. KOUBA: Object to the form. I</p> <p>6 think that misstates what Exhibit 8 says.</p> <p>7 Q. Does Exhibit 8 have a category to</p> <p>8 track whether a caller reports an issue with</p> <p>9 prescription opioids?</p> <p>10 A. Yes, they have a category for that.</p> <p>11 Q. And prescription opioids are not</p> <p>12 listed as among the top five substances</p> <p>13 reported from the ADM Help Line in 2017,</p> <p>14 correct?</p> <p>15 A. The top five substances reported</p> <p>16 from the ADM Help Line are how many mentioned</p> <p>17 it is, and it would reflect an accurate picture</p> <p>18 of whether the person had used or not used</p> <p>19 prescription opioids.</p> <p>20 If you look in here on Exhibit 8,</p> <p>21 you see all the different heroins and stuff in</p> <p>22 there. So that's what that 43 percent</p> <p>23 reflects. It doesn't reflect how many times a</p> <p>24 person was on something else.</p> <p>25 Q. I don't think you answered my</p>	<p style="text-align: right;">Page 225</p> <p>1 important health advisory from the Ohio</p> <p>2 Department of Health. It confirms what we are</p> <p>3 seeing locally"?</p> <p>4 A. Yes.</p> <p>5 Q. What does this health advisory from</p> <p>6 Ohio Department of Health confirm?</p> <p>7 A. Without reading it in its entirety,</p> <p>8 I don't know.</p> <p>9 Q. Please take a moment to review the</p> <p>10 health advisory.</p> <p>11 So what does this health advisory</p> <p>12 confirm? I think -- can I refer you to the</p> <p>13 title. What is the title of the health</p> <p>14 advisory?</p> <p>15 A. The title of the health advisory is</p> <p>16 Continuing Increase in Fentanyl-Related</p> <p>17 Overdose Deaths Involving Non-Opioids Like</p> <p>18 Cocaine, Methamphetamines and other</p> <p>19 Psychostimulants.</p> <p>20 Q. And is that consistent with what</p> <p>21 you were seeing locally when Jerry Craig sent</p> <p>22 this email?</p> <p>23 A. Yes.</p> <p>24 Q. And this reflects that the number</p> <p>25 of individuals who were overdosing and dying</p>

<p style="text-align: right;">Page 226</p> <p>1 who took nonopioids, like cocaine and 2 methamphetamines, was increasing? 3 MR. LEDLIE: Objection. 4 MS. KOUBA: Object to form. 5 A. And when you say this, what do you 6 mean? 7 Q. This health advisory. 8 A. This health advisory. I'm sorry, 9 could you repeat what you asked. 10 MR. MASTERS: Could you please read 11 the question for him. 12 THE NOTARY: Question: "And this 13 reflects that the number of individuals who 14 were overdosing and dying who took nonopioids, 15 like cocaine and methamphetamines, was 16 increasing?" 17 MS. KOUBA: Same objection. 18 A. No, it doesn't. 19 Q. How does it not reflect that? 20 A. Because it shows a continuing 21 increase in fentanyl-related drug overdose 22 deaths, and an increase in drug overdose deaths 23 involving both cocaine and fentanyl, as well as 24 methamphetamines and psychostimulants and 25 fentanyl. It doesn't state that the other ones</p>	<p style="text-align: right;">Page 228</p> <p>1 A. Yes. 2 Q. Did some of those overdose deaths 3 relating to fentanyl and carfentanil involve 4 nonopioids? 5 MS. KOUBA: Object to the form. 6 A. That I don't know without looking 7 at the data. 8 Q. Why did you forward this email to 9 Aimee and say, "Cough, cough, cough," smiley 10 face? 11 A. I don't recollect. 12 Q. Is that because you agreed with 13 Jerry Craig's statement that it confirmed what 14 you were seeing locally? 15 MS. KOUBA: Object to form. 16 A. I honestly don't know. I don't 17 remember. 18 Q. And this document reflects that 19 "Most cases of fentanyl-related harm, overdose 20 and death, are linked to illegally manufactured 21 fentanyl," correct? 22 A. Where do you see that? 23 Q. This is in the -- this is in the 24 last paragraph above Recommendations. 25 A. That's what that sentence says,</p>
<p style="text-align: right;">Page 227</p> <p>1 are the cause of death. 2 Q. I'm struggling to see how my 3 question is not an accurate description of what 4 the document reflected. 5 So the title shows a 6 continuing -- states a Continuing Increase in 7 Fentanyl-Related Overdose Deaths Involving 8 Non-Opioids Like Cocaine, Methamphetamines and 9 Other Psychostimulants, correct? 10 A. Correct. 11 Q. Is it fair to say that this 12 document indicates that there is an increase in 13 overdose deaths involving nonopioids? 14 MS. KOUBA: Object to the form. 15 A. Involving, yes. 16 Q. And that that is connected to the 17 use of fentanyl or fentanyl analogs? 18 MR. LEDLIE: Object to the form of 19 the question. 20 A. I don't see that stating that, no. 21 Q. In your view, in your understanding 22 of the situation in Summit County, you 23 testified previously that the rise -- that the 24 increase in overdose deaths related to fentanyl 25 and carfentanil, correct?</p>	<p style="text-align: right;">Page 229</p> <p>1 yes. 2 Q. Do you agree with that sentence? 3 A. I don't have an opinion on that 4 sentence. 5 Q. The next sentence says, "Fentanyl 6 is often mixed with heroin and/or cocaine as a 7 combination product, with or without the users 8 knowledge, to increase its euphoric effects"; 9 is that correct? 10 A. Yes, that is what it says. 11 Q. Does your review of the medical 12 records reflect the fact that fentanyl was 13 often mixed with heroin and/or cocaine as a 14 combination product? 15 MS. KOUBA: Object to the form. 16 A. I don't think that -- no, the data 17 doesn't reflect that. 18 Q. The data doesn't reflect that 19 fentanyl is often mixed with heroin or cocaine? 20 MS. KOUBA: Object to form. 21 A. Not the data that I have. 22 Q. What data do you have that you are 23 referring to here? 24 MS. KOUBA: Object to the form. 25 A. What data am I referring to, is</p>

<p style="text-align: right;">Page 230</p> <p>1 that what --</p> <p>2 Q. So I asked from your review of the</p> <p>3 medical records, do you understand it to be</p> <p>4 true that fentanyl is often mixed with heroin</p> <p>5 and/or cocaine as a combination product?</p> <p>6 A. No, that data doesn't state that.</p> <p>7 Q. What does the data state?</p> <p>8 A. That with the toxicology reports,</p> <p>9 it will just say, like, say, for instance, it</p> <p>10 will say fentanyl, heroin, cocaine in the</p> <p>11 toxicology reports, and I have no way of</p> <p>12 telling whether that was mixed or whether it</p> <p>13 was independently used.</p> <p>14 Q. So let me ask it this way: Does</p> <p>15 the data that you are -- does the medical</p> <p>16 examiner data reflect that fentanyl is often</p> <p>17 mixed or used at the same time or around the</p> <p>18 same time as other substances, like heroin and</p> <p>19 cocaine?</p> <p>20 MS. KOUBA: Object to form.</p> <p>21 A. That I don't know.</p> <p>22 Q. Does the medical examiner data from</p> <p>23 the toxicology reports reflect that many</p> <p>24 overdose victims present fentanyl and other</p> <p>25 substances like heroin and cocaine?</p>	<p style="text-align: right;">Page 232</p> <p>1 cocaine in their system?</p> <p>2 A. Yes.</p> <p>3 Q. In your view, did such an instance</p> <p>4 in which the overdose -- the person who</p> <p>5 overdosed and died had both fentanyl and</p> <p>6 cocaine in their system increase in 2017?</p> <p>7 A. That I don't know.</p> <p>8 Q. Do you have any reason to disagree</p> <p>9 with this health advisory that was written?</p> <p>10 MR. LEDLIE: Object to the form of</p> <p>11 the question.</p> <p>12 A. I don't have enough information to</p> <p>13 determine whether I would disagree with this or</p> <p>14 not.</p> <p>15 Q. So you don't have a view -- so you</p> <p>16 don't question the accuracy of this health</p> <p>17 advisory?</p> <p>18 MS. KOUBA: Object to the form.</p> <p>19 A. No, I don't question it.</p> <p>20 - - - - -</p> <p>21 (Thereupon, Deposition Exhibit 16,</p> <p>22 November 23, 2016 Email, Subject</p> <p>23 Drug Overdose Deaths and</p> <p>24 Opiate-Related Deaths, Beginning</p> <p>25 with Bates Label Summit 001056544,</p>
<p style="text-align: right;">Page 231</p> <p>1 A. I'm sorry. Could you repeat that.</p> <p>2 MR. MASTERS: Could you please read</p> <p>3 the question.</p> <p>4 THE NOTARY: Question: "Does the</p> <p>5 medical examiner data from the toxicology</p> <p>6 reports reflect that many overdose victims</p> <p>7 present fentanyl and other substances like</p> <p>8 heroin and cocaine?"</p> <p>9 A. What do you mean by that?</p> <p>10 Q. You have reviewed medical examiner</p> <p>11 records?</p> <p>12 A. Yes, I have.</p> <p>13 Q. And you have reviewed the</p> <p>14 toxicology reports?</p> <p>15 A. Yes.</p> <p>16 Q. Are there instances in which</p> <p>17 overdose victims have in their system fentanyl</p> <p>18 and other substances, like heroin and cocaine?</p> <p>19 A. When you say overdose victims and</p> <p>20 stuff, the medical examiner's office doesn't</p> <p>21 evaluate overdose victims. They evaluate</p> <p>22 overdose deaths.</p> <p>23 Q. Okay. Overdose deaths. Are there</p> <p>24 instances in which overdose deaths show that</p> <p>25 the person who died had both fentanyl and</p>	<p style="text-align: right;">Page 233</p> <p>1 was marked for purposes of</p> <p>2 identification.)</p> <p>3 - - - - -</p> <p>4 Q. I show you what has been marked as</p> <p>5 Exhibit 16, Summit 001056544. Do you recognize</p> <p>6 this document and the attachment?</p> <p>7 A. It is an email.</p> <p>8 Q. It is an email that you sent to</p> <p>9 Jerry Craig on November 2016, correct?</p> <p>10 A. Yes.</p> <p>11 Q. You attached something. Do you</p> <p>12 recognize this attachment?</p> <p>13 A. Yes.</p> <p>14 Q. In the email, you indicate that you</p> <p>15 were attaching the information that Jerry Craig</p> <p>16 requested, correct?</p> <p>17 A. Yes.</p> <p>18 Q. And in the next paragraph, you say,</p> <p>19 "I also added other slides that I thought you</p> <p>20 might find interesting as far as the spike in</p> <p>21 services for opiates and heroin users,"</p> <p>22 correct?</p> <p>23 A. Yes.</p> <p>24 Q. "When you compare 2015 to 2016</p> <p>25 data, you can see our system is serving more</p>

<p style="text-align: right;">Page 234</p> <p>1 clients for opiates and heroin than anything 2 else," correct? 3 A. Yes. 4 Q. And from 2015 to 2016 is the same 5 period as you indicated earlier Summit County 6 experienced a spike in drug overdose deaths, 7 correct? 8 MS. KOUBA: Object to form. 9 A. Yes, that is the same period. 10 Q. Referring to the attachment, the 11 second page, with the three slides on it, the 12 bottom two slides, what do they reflect -- or 13 sorry -- what do they describe? 14 A. The one on the left is the Top 15 Three Drugs Contributing to ADM Board Services 16 in Summit County 2015. 17 Q. And the one on the right? 18 A. The one on the right is Top Three 19 Drugs Contributing to ADM Board Services in 20 2016. 21 Q. And in 2015, what was the 22 percentage of ADM Board services for females 23 relating to opiates and heroin? 24 A. 20 percent. 25 Q. So 20 percent of the females who</p>	<p style="text-align: right;">Page 236</p> <p>1 claims data. This is an analysis of our claims 2 data. 3 Q. And that claims data doesn't 4 distinguish between prescription and illegal 5 street opiates, correct? 6 A. It doesn't. 7 MS. KOUBA: Object to the form. 8 MR. MASTERS: Could we go off the 9 record really quick. 10 THE VIDEOGRAPHER: Off the record 11 at 4:01. 12 (Discussion off the record.) 13 THE VIDEOGRAPHER: On the record, 14 4:20. 15 - - - - - 16 (Thereupon, Deposition Exhibit 17, 17 May 25, 2018 Email Exchange Between 18 Patton and Hutzell, Beginning with 19 Bates Label SUMMIT 00097076, was 20 marked for purposes of 21 identification.) 22 - - - - - 23 Q. All right. I'm showing you what 24 has been marked as Exhibit 17, Summit 25 000970726. Do you recognize this document?</p>
<p style="text-align: right;">Page 235</p> <p>1 receive services from ADM related to opiates 2 and heroin? 3 A. Yes. 4 Q. And 8 percent of the men? 5 A. Yes, but this is only contributing 6 to ADM Board funded services. 7 Q. Such as what? 8 A. Services that we pay for. 9 Q. Through the contracting agencies? 10 A. Yes. 11 Q. Like Oriana House? 12 A. Yes. 13 Q. In 2016, the percentage of females 14 receiving opiate and heroin-related services 15 was what? 16 A. 64 percent. 17 Q. And for men? 18 A. 45 percent. 19 Q. So this reflects that spike you 20 were talking about? 21 MS. KOUBA: Object to form. 22 A. Yes. 23 Q. How was this information -- how did 24 you obtain that information? 25 A. This is data straight from our</p>	<p style="text-align: right;">Page 237</p> <p>1 A. Yes, I do. 2 Q. And it is an email exchange between 3 you and Kimberly Patton; is that correct? 4 A. Yes. 5 Q. Who is Kimberly Patton? 6 A. Kimberly Patton is the addiction 7 prevention and training coordinator at the ADM 8 Board. 9 Q. What does that role entail? 10 A. It entails, like, dealing with 11 different programs and stuff with addiction and 12 prevention and then setting up trainings. 13 Q. What programs specifically does she 14 deal with? 15 A. I don't know all the programs that 16 she deals with. 17 Q. Do you know some of them? 18 A. I know a couple. I know that she 19 deals with the quick response team. 20 Q. Any others that you know of? 21 A. No, not off the top of my head. 22 Q. And here she says she is wondering 23 if overdoses have declined or is it actually 24 deaths related to overdoses that have 25 decreased, correct?</p>

<p style="text-align: right;">Page 238</p> <p>1 A. Yes, that's what it says.</p> <p>2 Q. And how did you respond?</p> <p>3 A. I respond with, "Both have declined</p> <p>4 this year when compared to the previous year."</p> <p>5 Q. And then you said, "It seems</p> <p>6 cocaine, meth and other stimulant drugs are</p> <p>7 being used more commonly," correct?</p> <p>8 A. Yes, based off of anecdotal</p> <p>9 information that I got from police officers.</p> <p>10 Q. So you spoke with some police</p> <p>11 officers about the drug use situation in Summit</p> <p>12 County?</p> <p>13 A. Yes.</p> <p>14 Q. And this is what they indicated to</p> <p>15 you?</p> <p>16 A. That's what they felt was</p> <p>17 happening.</p> <p>18 Q. More commonly than what?</p> <p>19 A. They didn't -- than it was in</p> <p>20 previous years.</p> <p>21 Q. And this accounted for the decline</p> <p>22 in overdose related -- and this accounted for</p> <p>23 the decline in overdoses?</p> <p>24 MS. KOUBA: Object to the form.</p> <p>25 A. That I don't know.</p>	<p style="text-align: right;">Page 240</p> <p>1 being used more commonly have any relationship</p> <p>2 to the decline in overdoses?</p> <p>3 MS. KOUBA: Object to the form.</p> <p>4 A. I don't know.</p> <p>5 Q. You are saying you just threw that</p> <p>6 in there?</p> <p>7 MS. KOUBA: Object to the form.</p> <p>8 A. I don't believe that those two</p> <p>9 paragraphs are related.</p> <p>10 Q. So -- strike that.</p> <p>11 Was Kim Patton asking about the use</p> <p>12 of cocaine, meth and other stimulant drugs?</p> <p>13 MS. KOUBA: Object to the form.</p> <p>14 A. No, she wasn't.</p> <p>15 Q. Was she asking whether these drugs</p> <p>16 were used more commonly?</p> <p>17 MS. KOUBA: Object to the form.</p> <p>18 A. Not in this email.</p> <p>19 Q. Was she asking whether these drugs</p> <p>20 typically have a lower mortality and higher</p> <p>21 morbidity rate?</p> <p>22 MS. KOUBA: Object to the form.</p> <p>23 A. Not in this email.</p> <p>24 Q. So why did you -- why did you</p> <p>25 include this information in response to a</p>
<p style="text-align: right;">Page 239</p> <p>1 Q. Why did you include this sentence?</p> <p>2 A. Are you referring to -- what</p> <p>3 sentence are you referring to?</p> <p>4 Q. So Kim Patton asked, "Wondering if</p> <p>5 overdoses have declined or is it actual deaths</p> <p>6 related to overdoses that have decreased?"</p> <p>7 You respond, "Both have declined</p> <p>8 this year when compared to the previous year."</p> <p>9 And then you added, "It seems cocaine, meth,</p> <p>10 and other stimulant drugs are being used more</p> <p>11 commonly. These typically have a lower</p> <p>12 mortality and higher morbidity," correct?</p> <p>13 A. Yes.</p> <p>14 Q. Why did you -- what did you mean by</p> <p>15 this second paragraph?</p> <p>16 A. Second paragraph, I meant that, you</p> <p>17 know, that's what I was hearing and stuff that</p> <p>18 was occurring on the streets.</p> <p>19 Q. And how does that second paragraph</p> <p>20 relate to the question that Kim Patton asked?</p> <p>21 A. Because it's added information and</p> <p>22 stuff, things that maybe she should be aware of</p> <p>23 and stuff.</p> <p>24 Q. Does the second paragraph about the</p> <p>25 use of cocaine, meth and other stimulant drugs</p>	<p style="text-align: right;">Page 241</p> <p>1 question about the number of overdose deaths?</p> <p>2 A. Because it was information that I</p> <p>3 had that she should be made aware of.</p> <p>4 Q. But it has nothing to do with her</p> <p>5 question?</p> <p>6 MS. KOUBA: Object to the form.</p> <p>7 A. It has nothing to do with the</p> <p>8 question.</p> <p>9 Q. What is a lower mortality?</p> <p>10 A. It means a lower rate of death.</p> <p>11 Q. So wouldn't it be the case then</p> <p>12 that if cocaine, meth and other stimulant drugs</p> <p>13 are being used more commonly, and those drugs</p> <p>14 have a lower mortality, that you would expect</p> <p>15 the drug overdose number to decrease?</p> <p>16 MS. KOUBA: Object to the form.</p> <p>17 A. Based on this email, there is not</p> <p>18 enough information to state that.</p> <p>19 Q. You wrote this email, correct?</p> <p>20 A. Yes.</p> <p>21 Q. And you don't recall, sitting here</p> <p>22 today, what information would be necessary to</p> <p>23 understand the relationship between cocaine,</p> <p>24 meth and other stimulant drugs being used more</p> <p>25 commonly and the overdose rate?</p>

<p style="text-align: right;">Page 242</p> <p>1 MS. KOUBA: Object to the form.</p> <p>2 A. Again, these two paragraphs are</p> <p>3 separate and not related and stuff. This is</p> <p>4 referring to the rates of this year, of 2018</p> <p>5 that is and stuff, and then the second one was</p> <p>6 based on information that I had obtained from</p> <p>7 police that I wanted Kim to know about.</p> <p>8 Q. What is your basis for concluding</p> <p>9 that cocaine has a lower mortality?</p> <p>10 MS. KOUBA: Object to the form.</p> <p>11 A. Discussions with Dr. Doug Smith.</p> <p>12 Q. But independently you have no</p> <p>13 knowledge of the mortality of cocaine?</p> <p>14 A. After discussions with Dr. Smith</p> <p>15 and stuff, I did have, you know, an</p> <p>16 understanding of that.</p> <p>17 Q. And other than those conversations,</p> <p>18 have you done any research relating to the</p> <p>19 mortality of cocaine?</p> <p>20 A. No.</p> <p>21 Q. What about the mortality of meth?</p> <p>22 A. No.</p> <p>23 Q. What is morbidity?</p> <p>24 A. Morbidity is a decrease in quality</p> <p>25 of life.</p>	<p style="text-align: right;">Page 244</p> <p>1 defendant group can ask questions, but I see</p> <p>2 nothing about allowing two lawyers defending</p> <p>3 the same party to both make objections</p> <p>4 throughout the deposition.</p> <p>5 MR. LEDLIE: My understanding, and</p> <p>6 I have read the protocol, and I don't have a</p> <p>7 copy of it with me, if somebody wants to give</p> <p>8 it to me, I'll be happy to go through it.</p> <p>9 MR. MASTERS: Does anyone here have</p> <p>10 a copy?</p> <p>11 MR. SALIMBENE: Yeah, okay. Well,</p> <p>12 I'm looking at it, and it's just not in there.</p> <p>13 It says, in fact, an objection by one plaintiff</p> <p>14 shall be deemed to be made on behalf of all</p> <p>15 other plaintiffs. So I think if anything, the</p> <p>16 protocol contemplates fewer objections --</p> <p>17 MR. LEDLIE: Talking about two</p> <p>18 lawyers --</p> <p>19 MR. SALIMBENE: -- and this is not</p> <p>20 consistent with any other case I've worked on,</p> <p>21 with the federal rules.</p> <p>22 But anyway, if you can point to</p> <p>23 something, that's great, but I really don't</p> <p>24 think you will be able to, and I don't think it</p> <p>25 is entirely disruptive, but I think it is</p>
<p style="text-align: right;">Page 243</p> <p>1 Q. So in response to Kim Patton's</p> <p>2 question of how the overdose has declined, you</p> <p>3 said that the number had declined this year</p> <p>4 when compared to the previous year.</p> <p>5 Did you undertake an effort to</p> <p>6 understand why there was a decline from the</p> <p>7 previous year?</p> <p>8 A. No, I did not.</p> <p>9 MR. LEDLIE: Object to the form of</p> <p>10 the question.</p> <p>11 Q. From your review of the medical</p> <p>12 examiner data, do you have an impression about</p> <p>13 what contributed to the decline in overdose</p> <p>14 deaths?</p> <p>15 MS. KOUBA: Object to the form.</p> <p>16 A. No.</p> <p>17 Q. But you do know that there was a</p> <p>18 decline?</p> <p>19 A. Yes, there was a decline.</p> <p>20 MR. SALIMBENE: This is Mike</p> <p>21 Salimbene on the phone, and I'm just wondering</p> <p>22 what is the basis for two lawyers making</p> <p>23 objections during this deposition?</p> <p>24 I looked at the depo protocol, and</p> <p>25 it says certainly two questioners from any</p>	<p style="text-align: right;">Page 245</p> <p>1 inappropriate, and I don't think everybody</p> <p>2 would appreciate the defendants showing up at</p> <p>3 the depositions just having multiple lawyers</p> <p>4 sit and lodge objections the entire time.</p> <p>5 - - - - -</p> <p>6 (Thereupon, Deposition Exhibit 18,</p> <p>7 Email Exchange, Subject Opioid Grand</p> <p>8 Update and a Potential QRT Project</p> <p>9 for This Summer, Beginning with</p> <p>10 Bates Label SUMMIT 000969892, was</p> <p>11 marked for purposes of</p> <p>12 identification.)</p> <p>13 - - - - -</p> <p>14 Q. Moving on, I am showing you what</p> <p>15 has been marked as Exhibit 18, Summit</p> <p>16 000969892. Do you recognize this document?</p> <p>17 A. Yes. It's an email.</p> <p>18 Q. And what is the subject of this</p> <p>19 email?</p> <p>20 A. The subject reads, "A reply to the</p> <p>21 opioid grant update and a potential QRT</p> <p>22 customer project for the summer."</p> <p>23 Q. And I understand that that's what</p> <p>24 the subject line is, but what is the subject</p> <p>25 matter of the email?</p>

<p style="text-align: right;">Page 246</p> <p>1 A. I'd have to read it all, to be able 2 to answer that question. 3 Q. Let's look at the first email in 4 the chain, which was sent by Thomas P. Huber, 5 on April 11, 2018, at 8:23 p.m.; is that 6 correct? 7 A. Yes, that is correct. 8 Q. Thomas writes, "I have exciting 9 news, we got the opioid planning grant from 10 OSU," right? 11 A. Yes, that is the subject. 12 Q. What is OSU? 13 A. Ohio State University. 14 Q. He goes on to indicate that, "Below 15 we have a starting idea about a proposed 16 project. Perhaps Lexi and I can come visit in 17 several weeks to talk further about the work," 18 right? 19 A. Where does it say that? 20 Q. Third paragraph of the email, at 21 the very bottom of the page, "Below we have a 22 starting idea about a proposed project," right? 23 A. Yes, that is correct. 24 Q. And he wants to talk -- this is an 25 email -- sorry. Strike that.</p>	<p style="text-align: right;">Page 248</p> <p>1 charge of the QRT program? 2 A. Yes. 3 Q. And then Kimberly Patton forwarded 4 this on to you and said, "Let me know your 5 thoughts," right? 6 A. Uh-huh. 7 Q. So this is a -- this is a project 8 related to studying barriers treatment from 9 persons suffering with opioid use disorder and 10 the best practices of QRT teams in connecting 11 clients to resources, right? 12 A. Yes. 13 Q. And you responded that you think 14 this is a good project for an undergraduate 15 student? 16 A. Yes. That's the first sentence. 17 Q. But that it needs some adjustments? 18 A. Yes. 19 Q. So you then say, "I'm not sure if 20 identifying systematic barriers is what we need 21 for QRT at this time. If barriers is meant by 22 social or self-barriers, then it would be 23 fine." 24 Help me understand what you meant 25 by that, by those two sentences?</p>
<p style="text-align: right;">Page 247</p> <p>1 The project title is Evaluating 2 Barriers to Care and Best Practices of Quick 3 Response Training Team Members in Combatting 4 Opioid Use Disorder, correct? 5 A. Yes, that's what the project title 6 is. 7 Q. "The goal of this study is to 8 identify the primary barriers to treatment that 9 persons suffering from opioid use disorder 10 encounter, and to identify the best practices 11 of QRT teams in supporting clients and families 12 and connecting clients to treatment resources," 13 correct? 14 A. Yes. 15 Q. One of the recipients of this email 16 is a man named David Garro, and he forwarded 17 this on to Jerry Craig, correct? 18 A. Yes, Jerry Craig is in that email. 19 Q. And then Jerry Craig responded with 20 some thoughts on this opioid-related, 21 QRT-related project, right? 22 A. Yes. 23 Q. And cc'd Kimberly Patton? 24 A. Yes. 25 Q. And presumably because she is in</p>	<p style="text-align: right;">Page 249</p> <p>1 A. If you read, like, the next 2 paragraph and stuff, it say, "Right now we 3 don't have the volume of drug overdoses that we 4 had the past three years. A project finding 5 out how QRT can be used for other substance use 6 disorders may be beneficial," and that's my 7 reasoning for that. 8 Q. What is your reasoning? 9 A. My reasoning for that first 10 sentence and stuff, and why it may not be the 11 best thing that we needed at that time. 12 Q. It is not the best thing we need 13 because the volume of drug overdoses is less 14 than the past three years and because it would 15 be more beneficial for a QRT project focused on 16 other substance use disorders? 17 MS. KOUBA: Objection to form. 18 A. I'm not sure what your question is. 19 Q. Your reasoning for why -- I'm just 20 trying to repeat what you just said. 21 A. Okay. 22 Q. Are you saying that the reason why 23 you didn't think that this project, as 24 proposed, was what we need for QRT at this time 25 is because we don't have the volume of drug</p>

<p style="text-align: right;">Page 250</p> <p>1 overdoses as we did in the past three years, 2 and a project focused on how QRT can be used 3 for other substance use disorders may be more 4 beneficial? 5 A. Yes, that's what I wrote. 6 Q. That's what you wrote or that was 7 your reasoning for why you said that the 8 project was not what QRT needs at this time? 9 MS. KOUBA: Object to the form. 10 A. I'm sorry. Could you repeat that. 11 Q. Well, I asked a question, you said, 12 "Yes, that's what I wrote," but my question is, 13 your reason for why this project was not what 14 we need for QRT at this time was, A, we don't 15 have the volume of drug overdoses as we did in 16 the past three years, B, the project, finding 17 out how QRT can be used for other substance use 18 disorders, may be more beneficial, correct? 19 MR. LEDLIE: Object to the form of 20 the question. 21 A. That's what I wrote. 22 - - - - - 23 (Thereupon, Deposition Exhibit 19, 24 Email Exchange, Beginning with Bates 25 Label SUMMIT 001401097, was marked</p>	<p style="text-align: right;">Page 252</p> <p>1 A. Yes. 2 Q. And why is that? 3 A. Because with paper records, it 4 takes a lot of time to be able to digitize 5 that. If it is already in a digitized format, 6 then you don't have to spend time with data 7 collection, or as much time with data 8 collection. 9 Q. So it was impacting your work? 10 A. The amount of time spent on the 11 work. 12 Q. In paragraph 3, you indicate, "I 13 have not been able to monitor suicides because 14 of the amount of time that it takes to convert 15 these files from paper form to an electronic 16 file," right? 17 A. Yes. 18 Q. So this was an instance in which 19 the form of the medical examiner records 20 actually impacted your ability to analyze data 21 that you were interested in? 22 A. Yes, that's true. 23 Q. Was this funding request eventually 24 approved? 25 A. Yes, it was.</p>
<p style="text-align: right;">Page 251</p> <p>1 for purposes of identification.) 2 - - - - - 3 Q. I'm showing you what has been 4 marked as Exhibit 19, Summit 001401097. Do you 5 recognize this email? 6 A. Yes, I do. 7 Q. This is an email to you from Aimee 8 Wade? 9 A. Yes, it is. 10 Q. Do you recall what this email was 11 about? 12 A. Yes, I do. 13 Q. What was it about? 14 A. It was about a request to consider 15 funding information management system for the 16 medical examiner's office. 17 Q. And why were you writing about this 18 subject? 19 A. They were trying to gather funding 20 for digitizing their records from a paper 21 format and stuff, so I wrote about the benefit 22 of doing that. 23 Q. And you understandably felt 24 strongly about digitized records over paper 25 records, right?</p>	<p style="text-align: right;">Page 253</p> <p>1 Q. So you are now able to -- are the 2 records now digitized? 3 A. When I left the ADM Board, it 4 wasn't. I'm not sure what the status is right 5 now. 6 Q. You write, moving down the page, 7 "From utilizing the toxicology reports, we were 8 able to find out that 36 percent of the 9 drugs/medications mentioned in the 2015 10 toxicology reports were psychiatric 11 medications," correct? 12 A. Yes. 13 Q. And you write, "This is a large 14 number and is an important part of the 15 understanding who the opiate epidemic is 16 affecting"? 17 A. Yes. 18 Q. How is the large number of drugs 19 and medications mentioned in the toxicology 20 reports an important part of understanding who 21 the opioid epidemic is affecting? 22 A. Because it raises other questions 23 on the percentage of people who were diagnosed 24 with psychiatric or mental health illnesses. 25 Q. What questions did it raise?</p>

<p style="text-align: right;">Page 254</p> <p>1 A. As far as, like, how many of those 2 have been affected for drug overdose deaths -- 3 or with drug overdose deaths. 4 Q. I'm sorry. I'm not sure I 5 understand your response. 6 What questions does the number of 7 drugs mentioned in the toxicology -- the number 8 of psychiatric medications mentioned in the 9 toxicology reports raise about the opioid 10 epidemic? 11 A. It raises questions about, like, 12 co-occurring disorders. 13 Q. What is a co-occurring disorder? 14 A. That's when you have -- what I'm 15 talking about is a person who has a substance 16 use disorder and a mental health illness. 17 Q. And is understanding co-occurring 18 disorders an important part of understanding 19 who the opioid epidemic is affecting? 20 A. Yes. 21 Q. Why is that an important part? 22 A. Because you are able to identify 23 different populations that are affected, and 24 you are able to look into potential policy or 25 program changes to better serve that</p>	<p style="text-align: right;">Page 256</p> <p>1 MS. KOUBA: Same objection. 2 A. I don't know, based on the question 3 that you are asking, I don't know if that would 4 be a hindrance or not a hindrance. 5 Q. But it's necessary to understand 6 co-occurring disorders in order to develop 7 policies and programs to serve the population, 8 correct? 9 A. Yes. 10 Q. And so without that understanding, 11 you wouldn't be able to develop policies and 12 programs that serve the population? 13 MR. LEDLIE: Object to the form of 14 the question. 15 A. I believe you would be better 16 informed. Your decisions and policy making 17 would be better informed with that information. 18 Q. You then go on to note that, 19 "Supporting the medical examiner's office to 20 get software to make their records electronic 21 will help us to understand what happened, why 22 it happened, and how to prepare and prevent the 23 next drug epidemic." 24 How do -- when you say that the 25 medical records will help us understand what</p>
<p style="text-align: right;">Page 255</p> <p>1 population. 2 Q. So if you didn't acknowledge 3 that -- strike that. 4 If you didn't understand that there 5 were co-occurring disorders connected to opioid 6 use, you would be hindered in your ability to 7 develop policy or program changes that would 8 better serve the population? 9 MS. KOUBA: Objection to form. 10 A. I don't understand your question. 11 Q. You testified a minute ago -- I 12 asked why is it an important part of 13 understanding the opioid epidemic to understand 14 co-occurring disorders, and you said, "Because 15 you are able to identify different populations 16 that are affected, and you are able to look 17 into potential policy or program changes to 18 better serve that population," right? 19 A. Yes. 20 Q. And I asked, "If you didn't 21 understand that there were co-occurring 22 disorders connected to opioid use, you would be 23 hindered in your ability to develop policy or 24 program changes that would better serve the 25 population?"</p>	<p style="text-align: right;">Page 257</p> <p>1 happened, what are you referring to when you 2 say what happened? 3 A. How did a person get from using 4 drugs to dying over -- a drug overdose death, 5 like, what was their journey that led them to 6 dying. 7 Q. And how does the medical examiner 8 records reflect a person's journey from using 9 drugs to dying? 10 A. It's a small piece of it, a small 11 piece of the pie. 12 Q. Which piece of the pie is it? 13 A. It's the piece that, like, 14 represents the drug overdose deaths. 15 Q. So the very end? 16 A. Yes. 17 Q. Do the medical examiner records 18 indicate anything about how an individual first 19 began using a particular substance? 20 A. By themselves, no. 21 Q. Does it indicate whether a person 22 was addicted? 23 MS. KOUBA: Object to the form. 24 A. In the qualitative data, it is a 25 possibility.</p>

<p style="text-align: right;">Page 258</p> <p>1 Q. It is a possibility. What would 2 that look like?</p> <p>3 A. I'm not sure, because you would 4 have to ask the medical examiner's office, 5 because they do their reports of investigation 6 and utilize that qualitative information, which 7 is why on a previous report that you went over, 8 we were able to, kind of, see what types of 9 medications and stuff and -- that people were 10 using.</p> <p>11 Q. But you would have to look beyond 12 the medical examiner reports that you were 13 examining?</p> <p>14 A. Yes.</p> <p>15 Q. So the medical examiner reports 16 that you had did not reflect information about 17 whether the individuals were addicted to any 18 particular substance?</p> <p>19 A. By themselves, no.</p> <p>20 Q. So to understand whether each 21 individual patient record reflected somebody 22 who was addicted to a substance, you would have 23 to have additional information, correct?</p> <p>24 A. Yes. You would have to combine 25 different datasets.</p>	<p style="text-align: right;">Page 260</p> <p>1 A. Yes.</p> <p>2 Q. And are you suggesting here that 3 that trend might continue?</p> <p>4 MS. KOUBA: Object to form.</p> <p>5 A. There is a possibility.</p> <p>6 Q. What is your understanding about 7 historical drug epidemics based on?</p> <p>8 MS. KOUBA: Object to the form.</p> <p>9 A. To the events that occurred in 10 history, throughout history.</p> <p>11 Q. Did you study those prior drug 12 epidemics?</p> <p>13 A. Yes.</p> <p>14 Q. Where did you study them?</p> <p>15 A. On my own, self-study.</p> <p>16 Q. When did you study them?</p> <p>17 A. I'm not sure exactly when.</p> <p>18 Q. What did you do to study them?</p> <p>19 A. I read, read books.</p> <p>20 Q. What books did you read?</p> <p>21 A. One of the books that comes to mind 22 is called Opium.</p> <p>23 Q. Who was the author, do you recall?</p> <p>24 A. No, I don't.</p> <p>25 Q. What was that book about?</p>
<p style="text-align: right;">Page 259</p> <p>1 Q. How do medical examiner records 2 help us understand why it happens, to quote 3 you?</p> <p>4 A. Well, I think, like, the big part 5 of this sentence is the word, "Help us to 6 understand."</p> <p>7 And when you talk about helping, it 8 is meaning combining different datasets, you 9 know, from the beginning to the end and stuff, 10 and coming up with these, like, answers to 11 these questions.</p> <p>12 Q. And then you write, "And how to 13 prepare and prevent the next drug epidemic," 14 correct?</p> <p>15 A. Yes, that's what I wrote.</p> <p>16 Q. Why did you -- do you expect there 17 will be another drug epidemic?</p> <p>18 MS. KOUBA: Object to the form.</p> <p>19 A. I think from past history and 20 stuff, we have looked at multiple drug 21 epidemics.</p> <p>22 Q. Is this something that -- strike 23 that.</p> <p>24 So, historically, there have been 25 other drug epidemics?</p>	<p style="text-align: right;">Page 261</p> <p>1 A. It was about the history of 2 opiates.</p> <p>3 Q. When did you read that book?</p> <p>4 A. I'm not sure.</p> <p>5 Q. Before or after you joined Summit 6 ADM?</p> <p>7 A. After.</p> <p>8 Q. Have you studied in history about 9 other nonopioid-related drug epidemics?</p> <p>10 A. No, I haven't studied about those.</p> <p>11 Q. So is your understanding of 12 historical drug epidemics limited to the 13 current opioid epidemic?</p> <p>14 MS. KOUBA: Object to the form.</p> <p>15 A. No.</p> <p>16 Q. So what else is included in your 17 understanding about historical drug epidemics? 18 What other drug epidemics have you 19 studied?</p> <p>20 MS. KOUBA: Object to the form.</p> <p>21 A. I've studied a little bit about the 22 Opium Wars that occurred in 1839 between China, 23 India and Great Britain.</p> <p>24 Q. And what's your understanding of 25 those wars?</p>

<p style="text-align: right;">Page 262</p> <p>1 A. They had a lot of socioeconomic</p> <p>2 impact on China and stuff, as far as, like, the</p> <p>3 pushing of, like, opiates and stuff into</p> <p>4 Chinese territory and stuff, and the Chinese</p> <p>5 retaliated with that.</p> <p>6 Q. Have you studied any other drug</p> <p>7 entities besides the Opium Wars of the 1830s</p> <p>8 and the current opioid epidemic?</p> <p>9 A. No, I have not.</p> <p>10 Q. Have you read the complaint in this</p> <p>11 lawsuit?</p> <p>12 A. No, I have not.</p> <p>13 Q. Do you know who the defendants are?</p> <p>14 A. Other than what you and your team</p> <p>15 of lawyers here had said, no.</p> <p>16 Q. Do you know who the plaintiff is?</p> <p>17 A. I believe it is Summit County, but</p> <p>18 I don't know everything that is involved with</p> <p>19 that, like all the agencies.</p> <p>20 Q. Are you familiar with what a</p> <p>21 pharmaceutical manufacturer is?</p> <p>22 A. Not exactly and stuff. I mean, I</p> <p>23 would say it is like a manufacturer who creates</p> <p>24 different pharmaceuticals or drugs and stuff.</p> <p>25 That would be my understanding of it.</p>	<p style="text-align: right;">Page 264</p> <p>1 Summit County?</p> <p>2 MS. KOUBA: Object to the form.</p> <p>3 A. When I started working for Summit</p> <p>4 County ADM Board.</p> <p>5 Q. So prior to July of 2016, you were</p> <p>6 not aware that there was an opioid abuse</p> <p>7 problem in Summit County?</p> <p>8 MS. KOUBA: Object to the form.</p> <p>9 A. In Summit County, no.</p> <p>10 Q. You had not heard about it in your</p> <p>11 connection -- in your work at Oriana House?</p> <p>12 A. No.</p> <p>13 Q. It was just not on your radar?</p> <p>14 A. Yes.</p> <p>15 MS. KOUBA: Object to the form.</p> <p>16 Asked and answered.</p> <p>17 MR. MASTERS: I believe that's all</p> <p>18 that I have.</p> <p>19 Perhaps we can go off the record</p> <p>20 for a minute.</p> <p>21 THE VIDEOGRAPHER: Off the record,</p> <p>22 5:01.</p> <p>23 (Recess taken.)</p> <p>24 THE VIDEOGRAPHER: On the record,</p> <p>25 5:13.</p>
<p style="text-align: right;">Page 263</p> <p>1 Q. Do you know the names of any</p> <p>2 specific opioid manufacturers?</p> <p>3 A. Yes, I do.</p> <p>4 Q. What names do you know?</p> <p>5 A. Janssen and Johnson & Johnson.</p> <p>6 Q. Any others?</p> <p>7 A. No. I can't recall any at this</p> <p>8 time.</p> <p>9 Q. Are you aware of what a wholesale</p> <p>10 pharmaceutical distributor is?</p> <p>11 A. No, I'm not.</p> <p>12 Q. Have you heard the name of any</p> <p>13 wholesale pharmaceutical distributors?</p> <p>14 MR. LEDLIE: Object to the form of</p> <p>15 the question.</p> <p>16 A. Not to my knowledge.</p> <p>17 Q. Have you ever had any interaction</p> <p>18 with anybody employed by Cardinal Health?</p> <p>19 A. No.</p> <p>20 Q. McKesson?</p> <p>21 A. No.</p> <p>22 Q. ABDC?</p> <p>23 A. No.</p> <p>24 Q. When did you first become aware</p> <p>25 that there was an opioid abuse problem in</p>	<p style="text-align: right;">Page 265</p> <p>1 EXAMINATION OF ERIC HUTZELL</p> <p>2 BY MS. FEINSTEIN:</p> <p>3 Q. Thank you. Good afternoon, Mr.</p> <p>4 Hutzell.</p> <p>5 A. Good afternoon.</p> <p>6 Q. My name is Wendy West Feinstein. I</p> <p>7 represent the Teva defendants in this</p> <p>8 litigation. We met briefly this morning,</p> <p>9 before we went on the record.</p> <p>10 I will do my best not to repeat</p> <p>11 questions that my colleague asked you earlier</p> <p>12 today, but I do have some follow-up questions</p> <p>13 for you, and I may be a little scattered,</p> <p>14 because I don't want to tread ground that we</p> <p>15 have already covered, okay?</p> <p>16 A. Okay.</p> <p>17 Q. As with my colleague's questioning,</p> <p>18 if you have -- if you don't understand a</p> <p>19 question that I've asked, please ask me to</p> <p>20 rephrase it, and I'll do my best to do so,</p> <p>21 okay?</p> <p>22 If you answer a question that I've</p> <p>23 asked, I'll assume that you understood it as I</p> <p>24 asked it, fair enough?</p> <p>25 A. Fair.</p>

<p style="text-align: right;">Page 266</p> <p>1 Q. And we will have to be careful not</p> <p>2 to talk over one another, so that the court</p> <p>3 reporter can take down everything, okay?</p> <p>4 A. Okay.</p> <p>5 Q. When did you first learn of this</p> <p>6 lawsuit?</p> <p>7 A. Sometime in November.</p> <p>8 Q. November of 2018?</p> <p>9 A. Yes.</p> <p>10 Q. How did you first learn of it?</p> <p>11 A. The -- Jerry, my director at the</p> <p>12 time, had told me that there was two lawyers</p> <p>13 that wanted to talk with me.</p> <p>14 Q. You had not heard anything about</p> <p>15 the litigation prior to the time your</p> <p>16 deposition was requested?</p> <p>17 A. I heard that people were being</p> <p>18 deposed, but other than that, I didn't know</p> <p>19 what for or what it was about and stuff</p> <p>20 specifically.</p> <p>21 Q. Had you ever seen any publicity</p> <p>22 locally about the lawsuit?</p> <p>23 A. Yes.</p> <p>24 Q. What publicity did you see?</p> <p>25 A. I believe in the Akron Beacon</p>	<p style="text-align: right;">Page 268</p> <p>1 with anyone else about your deposition?</p> <p>2 A. Yes.</p> <p>3 Q. Who?</p> <p>4 A. I talked with Jerry and Aimee to</p> <p>5 inform them that I was being deposed.</p> <p>6 Q. Did you talk to them at all about</p> <p>7 the substance of the deposition?</p> <p>8 A. No, I didn't.</p> <p>9 Q. Did you talk with Dr. Smith about</p> <p>10 the deposition?</p> <p>11 A. No, I didn't.</p> <p>12 Q. Do you know whether Jerry, Aimee or</p> <p>13 Dr. Smith have been deposed in this litigation?</p> <p>14 A. I only know about Dr. Smith, that</p> <p>15 he was deposed. I know Jerry is, but I'm not</p> <p>16 sure whether he did that or not.</p> <p>17 Q. How do you know that Dr. Smith was</p> <p>18 deposed?</p> <p>19 A. He told me and several colleagues</p> <p>20 and stuff that that's what happened.</p> <p>21 Q. Did he tell you about the substance</p> <p>22 of his deposition?</p> <p>23 A. Not in detail, no.</p> <p>24 Q. What did he tell you?</p> <p>25 A. He said that he got asked a bunch</p>
<p style="text-align: right;">Page 267</p> <p>1 Journal there was an article about it.</p> <p>2 Q. What is your understanding of the</p> <p>3 allegations in the case?</p> <p>4 A. I don't have an understanding of</p> <p>5 the allegations.</p> <p>6 Q. What do you remember about the --</p> <p>7 strike that.</p> <p>8 What do you remember about the</p> <p>9 article that was in the Akron Beacon Journal?</p> <p>10 A. I read it very briefly. It just</p> <p>11 stated, like, that Summit County was involved</p> <p>12 in a lawsuit and stuff involving the opiates,</p> <p>13 related to opiates.</p> <p>14 Q. Do you remember whether that</p> <p>15 article addressed anything about the</p> <p>16 allegations that were made by Summit County in</p> <p>17 the litigation?</p> <p>18 A. No, I don't.</p> <p>19 Q. At any point in time, have you</p> <p>20 spoken to anyone, other than the lawyers for</p> <p>21 Summit County, regarding the allegations in the</p> <p>22 lawsuit?</p> <p>23 A. No.</p> <p>24 Q. Other than speaking with the</p> <p>25 lawyers before your deposition, did you talk</p>	<p style="text-align: right;">Page 269</p> <p>1 of budget questions that he wasn't able to</p> <p>2 answer.</p> <p>3 Q. Did he tell you anything else about</p> <p>4 his deposition?</p> <p>5 A. No.</p> <p>6 Q. When you learned that you would be</p> <p>7 giving a deposition, did you talk to Dr. Smith</p> <p>8 about what it was like, what types of</p> <p>9 questions, or anything like that?</p> <p>10 A. Not in that detail and stuff. I</p> <p>11 mean, I asked, like, you know, what's a</p> <p>12 deposition and stuff and what are you expected</p> <p>13 and stuff to do.</p> <p>14 Q. What did he tell you?</p> <p>15 A. He said that it was -- you know,</p> <p>16 that you had to go in front of lawyers and just</p> <p>17 kind of like explain, like, whatever your</p> <p>18 expertise is and your involvement.</p> <p>19 Q. Did he talk to you at all about the</p> <p>20 types of things that he covered in his</p> <p>21 deposition besides the budget?</p> <p>22 MS. KOUBA: Object to form.</p> <p>23 A. No.</p> <p>24 Q. Did you talk with anyone else about</p> <p>25 your deposition?</p>

<p style="text-align: right;">Page 270</p> <p>1 A. No.</p> <p>2 Q. When did you have that conversation</p> <p>3 with Dr. Smith?</p> <p>4 A. Maybe sometime in December.</p> <p>5 Q. Did you look at any documents</p> <p>6 before your deposition to prepare for your</p> <p>7 deposition?</p> <p>8 A. No, I didn't.</p> <p>9 Q. And I believe you were asked this</p> <p>10 earlier, but I apologize if I'm repeating, have</p> <p>11 you ever seen the complaint that was filed by</p> <p>12 Summit County in this case?</p> <p>13 A. No, I have not.</p> <p>14 Q. You mentioned earlier that you knew</p> <p>15 that Janssen and Johnson & Johnson are</p> <p>16 manufacturers of opioids; is that right?</p> <p>17 A. No, that's not what I was saying or</p> <p>18 meant.</p> <p>19 Q. What were you saying about Janssen</p> <p>20 and J&J?</p> <p>21 A. I was asked if I ever heard of any</p> <p>22 pharmaceutical companies and stuff, and I said</p> <p>23 Janssen and J&J and stuff, and from this</p> <p>24 morning, knowing that one of the lawyers had</p> <p>25 said that they represented this company and</p>	<p style="text-align: right;">Page 272</p> <p>1 A. No, I did not.</p> <p>2 Q. Did you directly interact with any</p> <p>3 representative of Janssen or Johnson & Johnson</p> <p>4 with respect to that research project you</p> <p>5 described?</p> <p>6 A. With the research project, yes.</p> <p>7 Q. And do you recall the name of the</p> <p>8 person with whom you interacted or people?</p> <p>9 A. My main point of contact and</p> <p>10 Antoine El-Khoury. I'm probably chopping up</p> <p>11 his name.</p> <p>12 Q. Do you recall his position with the</p> <p>13 company?</p> <p>14 A. No, I don't. I don't know his</p> <p>15 exact title.</p> <p>16 Q. Was he a research scientist?</p> <p>17 A. I believe so. I know he was in</p> <p>18 charge of several different research projects,</p> <p>19 but I'm not familiar with his title.</p> <p>20 Q. What was your role in that project?</p> <p>21 A. I was the project manager and stuff</p> <p>22 for that project.</p> <p>23 Q. Can you describe for us -- you</p> <p>24 mentioned that the product -- or that it was a</p> <p>25 long acting -- that you were looking at</p>
<p style="text-align: right;">Page 271</p> <p>1 stuff, that's why I answered that.</p> <p>2 Q. In what context are you familiar</p> <p>3 with the names Janssen and Johnson & Johnson,</p> <p>4 as far as pharmaceutical manufacturing?</p> <p>5 A. I mostly work with -- or I have</p> <p>6 worked with Janssen.</p> <p>7 Q. And in what context?</p> <p>8 A. I did a research project and stuff</p> <p>9 with them.</p> <p>10 Q. What was the subject matter of the</p> <p>11 research?</p> <p>12 A. Long-acting injectables and people</p> <p>13 who have -- long-acting injectable use on</p> <p>14 people who have schizoaffective or</p> <p>15 schizophrenic disorders and their involvement</p> <p>16 in the criminal justice system.</p> <p>17 Q. Have you worked with any</p> <p>18 pharmaceutical manufacturer in any capacity</p> <p>19 related to pain management?</p> <p>20 A. No, I have not.</p> <p>21 Q. Before today, did you have any</p> <p>22 information about whether Janssen or Johnson &</p> <p>23 Johnson manufacture opioids?</p> <p>24 A. Manufacture opioids?</p> <p>25 Q. Yes.</p>	<p style="text-align: right;">Page 273</p> <p>1 long-acting schizophrenia treatment and its</p> <p>2 relationship to the criminal justice system; is</p> <p>3 that right?</p> <p>4 A. No, it's not right.</p> <p>5 Q. Okay. Can you tell me again?</p> <p>6 A. Long-acting injectables.</p> <p>7 Q. Was there a specific product that</p> <p>8 was involved in that research?</p> <p>9 A. By specific product, what do you</p> <p>10 mean?</p> <p>11 Q. The long-acting injectable, was</p> <p>12 there a specific long-acting injectable that</p> <p>13 was being studied, or were there a number of</p> <p>14 long-acting injectables?</p> <p>15 A. There is a number of long-acting</p> <p>16 injectables.</p> <p>17 Q. In your interaction with the</p> <p>18 representative of Janssen in that research</p> <p>19 study, did you find the representative of</p> <p>20 Janssen to be professional?</p> <p>21 A. Yes.</p> <p>22 Q. Were your interactions with that</p> <p>23 representative of Janssen consistent with how</p> <p>24 you would expect a researcher to interact with</p> <p>25 you in that kind of setting?</p>

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1 A. Yes.

2 Q. At any time has any representative

3 of Janssen or Johnson & Johnson misrepresented

4 any information to you?

5 A. Not to my knowledge.

6 Q. You mentioned that you were not

7 familiar with other manufacturers of opioids;

8 is that right?

9 A. That's right.

10 Q. Today I introduced myself as

11 counsel for the Teva defendants. Have you ever

12 heard of Teva?

13 A. No, I haven't.

14 Q. Have you ever heard of Cephalon?

15 A. No, I haven't.

16 Q. Have you ever been heard of Purdue?

17 A. Purdue, yes.

18 Q. And what do you know about Purdue?

19 A. Well, I don't know them from

20 pharmaceuticals. I'm thinking of the chicken

21 manufacturer.

22 Q. Have you ever heard of Endo

23 Pharmaceuticals?

24 A. No.

25 Q. Have you heard of Par?

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1 A. No.

2 Q. Have you heard of Noramco?

3 A. No.

4 Q. Have you heard of Allergan?

5 A. No.

6 Q. Have you heard of Watson

7 Laboratories?

8 A. No.

9 Q. Have you heard of Actavis?

10 A. No.

11 Q. Have you heard of Insys?

12 A. No.

13 Q. Have you heard of Mallinckrodt?

14 A. It sounds familiar, but I don't

15 know, like, in what context I have heard that

16 name.

17 Q. Have you heard of Spec TC?

18 A. No.

19 Q. Have you ever seen any advertising

20 for opioids, prescription opioids?

21 A. Yes.

22 Q. What advertising have you seen?

23 A. Occasionally on television.

24 Q. On what?

25 A. On television and stuff. Sometimes

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1 they have different prescription medications.

2 Q. Have you seen advertising for

3 opioid medications on television?

4 A. I can't recall.

5 Q. Have you ever seen any print

6 advertisements for opioid medications?

7 A. Not that I recall.

8 Q. Have you ever reviewed any

9 prescribing information for prescription

10 opioids?

11 A. No, I have not.

12 Q. Are you aware that prescription

13 opioids are approved by the Food and Drug

14 Administration?

15 A. Yes, I am.

16 Q. Are you familiar at all with the

17 FDA approval process for pharmaceutical

18 products?

19 A. Yes, I am.

20 Q. And in what -- how are you familiar

21 with that process?

22 A. In general and stuff, I know that

23 it's -- I know about the funding and stuff, as

24 far as like a lot of times the FDA requires the

25 pharmaceutical companies to upfront the funds

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1 to be able to approve different medications.

2 Q. What do you mean by upfront the

3 funds for approval?

4 A. Pay for it.

5 Q. Pay for what?

6 A. For the research and the approval

7 process.

8 Q. Is it your understanding that

9 before a drug is approved by the FDA, it has to

10 under going a rigorous research and development

11 process?

12 MS. KOUBA: Object to the form.

13 A. That I don't know.

14 Q. Have you ever participated in a

15 pharmaceutical study?

16 A. The one that I talked about with

17 Janssen and stuff.

18 Q. In that study, were you involved at

19 all in the study design?

20 A. Yes, I was.

21 Q. And what was your role in that

22 study design?

23 A. Creating the outline and research

24 questions and what the objectives were.

25 Q. Have you been involved in any other

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1 pharmaceutical research studies besides that
2 one?
3 A. No, I have not.
4 Q. Have you ever designed a research
5 study for a pain medication?
6 A. No, I have not.
7 Q. Have you ever read any publications
8 related to studies of pain medications?
9 A. Yes, I have.
10 Q. What studies have you read?
11 A. I can't recall off the top of my
12 head and stuff. I mean, I've read different
13 articles relating to opiates and their effect
14 on different populations, but I can't recall
15 exact studies.
16 Q. Do you recall where those studies
17 were that you read; were they in journals,
18 online?
19 MS. KOUBA: Object to the form.
20 A. Journals.
21 Q. What journals were they in?
22 A. PubMed. I'm sorry. I apologize.
23 PubMed is not a journal. It's a literature
24 review database.
25 Q. For what purpose were you reviewing

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1 those articles?
2 A. To get a better understanding of
3 the opiate epidemic.
4 Q. At what point in time did you
5 review those articles?
6 A. I would say between 2016 and the
7 end of 2018, during that timeframe.
8 Q. Was it something that you did as a
9 part of your role at the ADM Board?
10 A. Yes.
11 Q. Did someone ask you to review those
12 articles?
13 A. No.
14 Q. How many articles did you review?
15 A. I don't know exactly how many.
16 Q. Do you recall that the substance of
17 any of those articles, what the research
18 endpoints were and what the findings and
19 conclusions were?
20 A. Most of them had stated that the
21 opiate use had, like, an effect on the
22 population that they were studying and stuff,
23 whether that be, like, with quality of life or
24 drug overdose deaths or researching, like, how
25 it affects with the co-occurring disorders.

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1 Q. Did you review any -- and you don't
2 recall -- strike that.
3 You don't recall the titles of any
4 of those articles?
5 A. No, I don't.
6 Q. Do you remember any of the lead
7 authors of any of the articles?
8 A. No, I do not.
9 Q. Is it your understanding that all
10 of the articles that you reviewed -- that you
11 read were peer-reviewed articles?
12 A. Yes.
13 Q. And you don't recall how many you
14 read?
15 A. No, I don't recall.
16 Q. Before you joined the ADM Board in
17 May of 2016, had you read any scientific
18 articles about opioids?
19 A. I've read abstracts.
20 Q. About opioids?
21 A. Yes.
22 Q. Do you recall what those abstracts
23 were that you read before you joined the ADM
24 Board?
25 A. No, I don't.

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1 Q. Do you recall reading any articles
2 about any opioids manufactured by the companies
3 that I just listed to you?
4 A. No.
5 Q. Did you review any articles, either
6 while you were at ADM board or before,
7 regarding prescription opioids and addiction?
8 A. I'm sorry. Can you say that again.
9 Q. Either before you joined the ADM
10 Board, the abstracts that you reviewed, or
11 while you were employed by the ADM Board, the
12 peer-reviewed articles that you read, did any
13 of those relate to opioids and addiction?
14 MR. LEDLIE: Object to the form of
15 the question.
16 A. Yes.
17 Q. And what do you recall about those
18 articles you read regarding opioids and
19 addiction?
20 A. A lot of them are saying that
21 opioids were addictive substances.
22 Q. When did you first learn that
23 opioids were addictive?
24 A. I would say probably in grad
25 school.

<p style="text-align: right;">Page 282</p> <p>1 Q. And what year about was that?</p> <p>2 A. 2013, 2014, in that timeframe.</p> <p>3 Q. Are you aware that the FDA-approved</p> <p>4 prescribing and patient information includes a</p> <p>5 warning about the addictive properties of</p> <p>6 opioids?</p> <p>7 MS. KOUBA: Object to the form.</p> <p>8 A. I wasn't aware.</p> <p>9 Q. Have you ever heard of a black box</p> <p>10 warning with respect to FDA package inserts?</p> <p>11 A. No, I don't know about that.</p> <p>12 Q. Do you know whether -- strike that.</p> <p>13 You understand that an individual</p> <p>14 cannot obtain a prescription opioid without a</p> <p>15 prescription from a physician, right?</p> <p>16 MS. KOUBA: Object to the form.</p> <p>17 Q. Lawfully?</p> <p>18 A. Could you repeat that?</p> <p>19 Q. Sure. I'll ask it in a better way.</p> <p>20 It was a poor question.</p> <p>21 To legally obtain a prescription</p> <p>22 opioid in the United States, you understand</p> <p>23 that a person requires a prescription for that,</p> <p>24 right?</p> <p>25 A. Yes.</p>	<p style="text-align: right;">Page 284</p> <p>1 Q. Which ones?</p> <p>2 A. The ADM Help Line data.</p> <p>3 Q. The medical examiner data that you</p> <p>4 evaluated as a part of your work at the ADM</p> <p>5 Board, did that distinguish between</p> <p>6 prescription and illicit opioids?</p> <p>7 MS. KOUBA: Object.</p> <p>8 MR. LEDLIE: Object to the form of</p> <p>9 the question.</p> <p>10 A. Could you repeat that.</p> <p>11 Q. Sure. The medical examiner data</p> <p>12 that you evaluated as a part of your work at</p> <p>13 the ADM Board, did it distinguish between</p> <p>14 illicit opioids and prescription opioids?</p> <p>15 MR. LEDLIE: Same objection.</p> <p>16 A. Not the data that I analyzed.</p> <p>17 Q. Did you have access to the</p> <p>18 underlying information for the data that you</p> <p>19 analyzed from the medical examiner?</p> <p>20 A. What do you mean by that?</p> <p>21 Q. In what form was the data that you</p> <p>22 received from the medical examiner?</p> <p>23 A. It was in an Excel spreadsheet.</p> <p>24 Q. Earlier we looked at an email</p> <p>25 between Jerry Craig and Dr. Kohler that was</p>
<p style="text-align: right;">Page 283</p> <p>1 Q. And it's your understanding that</p> <p>2 for a pharmacy to dispense a prescription</p> <p>3 opioid, that pharmacy has to receive a</p> <p>4 prescription for that, right?</p> <p>5 A. Legally, yes.</p> <p>6 Q. Yes. And you understand that the</p> <p>7 prescriptions for opioids have to be written by</p> <p>8 someone who is licensed by the state to write</p> <p>9 prescriptions?</p> <p>10 A. Yes.</p> <p>11 Q. When my colleague earlier today was</p> <p>12 asking you about the data that is available to</p> <p>13 the ADM Board regarding opioids, it's my</p> <p>14 understanding that most of the data does not</p> <p>15 distinguish between illicit opioids and</p> <p>16 prescription opioids; is that right?</p> <p>17 MS. KOUBA: Object to the form.</p> <p>18 A. There were several different</p> <p>19 datasets discussed. Which data are you</p> <p>20 referring to?</p> <p>21 Q. Do any of the datasets that you</p> <p>22 reviewed when you were at the ADM Board</p> <p>23 distinguish between prescription opioids and</p> <p>24 illicit opioids?</p> <p>25 A. Yes.</p>	<p style="text-align: right;">Page 285</p> <p>1 forwarded to you that talked about putting</p> <p>2 their records in electronic form, right?</p> <p>3 A. Yes.</p> <p>4 Q. Did you have access to those paper</p> <p>5 records that were not in the Excel spreadsheet,</p> <p>6 if you needed additional information?</p> <p>7 A. Yes.</p> <p>8 Q. What types of records did you have</p> <p>9 access to at the ADM Board that supported the</p> <p>10 spreadsheets that you got from the medical</p> <p>11 examiner?</p> <p>12 A. What do you mean by supported?</p> <p>13 Q. What records did the medical</p> <p>14 examiner have that were not electronic?</p> <p>15 A. The reports of the investigation.</p> <p>16 Q. Do you know what the reports of the</p> <p>17 investigation include?</p> <p>18 A. Demographics, cause of death,</p> <p>19 toxicology reports, and narratives, off the top</p> <p>20 of my head, but that may not be conclusive.</p> <p>21 Q. Do you recall in the medical</p> <p>22 examiner records, whether there was information</p> <p>23 about whether the deceased was currently</p> <p>24 prescribed any prescription opioid medication?</p> <p>25 MS. KOUBA: Object to the form.</p>

<p style="text-align: right;">Page 286</p> <p>1 A. What do you mean by, like, 2 currently and stuff? 3 Q. At the time of death -- 4 A. At the time of death. 5 Q. -- was there anything in the 6 medical examiner's records that showed you, at 7 the time of death, or showed the medical 8 examiner, at the time of death, whether the 9 deceased had a prescription for a prescription 10 opioid at that time? 11 A. That would be probably a better 12 question answered by the medical examiner. 13 Q. You don't remember seeing anything 14 like that? 15 A. They have different stuff that's 16 involved in the narratives, but I just -- it 17 doesn't come to the top of my head, as far as 18 that, so... 19 Q. Do you recall any instance where 20 you asked to see the narrative documents, as 21 opposed to just the spreadsheet? 22 A. Yes, I did. 23 Q. And in what circumstance? 24 A. To better understand, like, what 25 the records, like, and stuff.</p>	<p style="text-align: right;">Page 288</p> <p>1 different numbers or percentages of opiates 2 doesn't tell, like, the full story and stuff of 3 how that person got involved in opiates or 4 other drug use. 5 Q. How did the underlying information 6 that you received from the medical examiner's 7 office help you build out that story? 8 A. The reports of investigation and 9 stuff, the narratives, have a lot of, like, 10 detail, as far as, like, that person's life, 11 and then in different circumstances, police 12 records and stuff like that, they are very 13 thorough, and, like I said, the medical 14 examiner would be a better source to explain 15 exactly the thoroughness of those records, but 16 using those in combination with the claims data 17 and other public records and stuff, we were 18 able to, like, come up with a better picture of 19 what was going on. 20 Q. Were you able to review claims data 21 for any particular person identified in a 22 medical examiner record? 23 A. Yes. 24 Q. How were you able to do that? 25 A. Do you want me to explain the</p>
<p style="text-align: right;">Page 287</p> <p>1 Q. For what purpose did you do that? 2 A. Because I believe that by, like, 3 analyzing the quantitative information, that it 4 wasn't -- it wasn't capturing the full 5 information and stuff. So I wanted to see 6 everything that the medical examiner had. 7 Q. How frequently did you do that? 8 A. For quite a while and stuff. 9 Probably, we probably pulled, like, maybe close 10 to 3,000 records. 11 Q. Over the entire course of time at 12 the ADM Board, that you were with the ADM Board 13 rather? 14 A. Probably most of it was done in 15 2017. 16 Q. Did you do that for purposes of 17 preparing the data dashboard? 18 A. No. 19 Q. What was the purpose of doing that? 20 A. The purpose was to be able to get a 21 better understanding of what was occurring in 22 the opioid epidemic. 23 Q. Why did you want to have a better 24 understanding? 25 A. Because just saying, like, the</p>	<p style="text-align: right;">Page 289</p> <p>1 coding? 2 Q. Yeah. I want to understand how you 3 were able to connect information from the 4 medical examiner with the claims data, yes. 5 A. Okay. You would be able to, in SQL 6 Server, which is the software that I use and 7 stuff, you would be able to create, like, say, 8 two different -- two different tables and 9 stuff. One would be the medical examiner's 10 records, the other one would be the claims 11 database. 12 You can join those two databases -- 13 or datasets together and be able to see, like, 14 which of those people and stuff that was in the 15 medical examiner's records were also involved 16 in the ADM Board services. 17 Q. Did you -- how many times did you 18 do that, while you were at the ADM Board? 19 A. Quite often. 20 Q. Did you compile that in any type of 21 report? 22 A. Yes. 23 Q. Did the report have a name? 24 A. Well, there are several different 25 reports that were part of the exhibits and</p>

<p style="text-align: right;">Page 290</p> <p>1 stuff that were used that way and stuff, and 2 there was, you know, more too. I mean, as far 3 as, like, you know, just conversation and 4 curiosity and stuff, seeing what direction you 5 need to, like, go to for further research. 6 Q. Did you save those, I'll call them 7 reconciliations? If that's not accurate, 8 please let me know, and I'll try to describe in 9 a more accurate way, but did you save on the 10 ADM Board's computer system that analysis with 11 the claims data and the medical examiner data? 12 A. Yes, but not exactly, like, how you 13 worded it and stuff, because when you combine 14 the two, the two datasets, you create another 15 dataset. And so after creating that other 16 dataset, that was put on the network drive. 17 Q. Did you call it something; do you 18 remember what it was called? 19 A. There is several different names 20 and stuff to that, depending on, like, what the 21 topic was and stuff, so... 22 Q. Were they saved by -- were those 23 new datasets saved by you? 24 A. Yes. 25 Q. So if we or the ADM Board wanted to</p>	<p style="text-align: right;">Page 292</p> <p>1 out things. 2 Q. You mentioned earlier, and I don't 3 want to misstate your testimony, so please 4 correct me if I am, you mentioned earlier that 5 one of the reasons that you wanted to do that 6 was to better understand the opioid epidemic; 7 is that right? 8 A. Yes. 9 Q. What is your understanding of the 10 opioid epidemic in Summit County? 11 A. In what regards? 12 Q. What your understanding is, I just 13 want to know what your understanding is of the 14 epidemic? 15 A. My understanding of the epidemic is 16 that it has impacted -- has had a strong 17 societal impact on county agencies and stuff 18 and their ability to be able to address the 19 issues and stuff at hand. 20 Q. What did your data analysis show 21 with respect to the opioid epidemic? 22 A. Which data analysis are you talking 23 about; in general? 24 Q. In general. 25 A. Okay. I would say that it showed</p>
<p style="text-align: right;">Page 291</p> <p>1 go into the ADM Board's computer system, we 2 could identify, based on -- or find those in 3 records that were created and saved by you? 4 A. Yes. 5 Q. In what computer system were those 6 saved? 7 A. Those were in our network drive. 8 Q. Did you use a specific program for 9 that purpose? 10 A. A program for what purpose? 11 Q. For comparing, or merging, I guess, 12 the claims data with the medical examiner data? 13 A. Yes. 14 Q. What program? 15 A. SQL Server. 16 Q. Do you know about how many separate 17 new datasets you saved? 18 MR. LEDLIE: Object to the form of 19 the question. 20 A. Not the number. 21 Q. Did you do that throughout 2017 and 22 2018? 23 A. Yes, mainly. 24 Q. Did you do it at all in 2016? 25 A. Not too much. I was still figuring</p>	<p style="text-align: right;">Page 293</p> <p>1 that opioid use has definitely had a 2 contribution to societal impact and stuff on 3 Summit County. 4 Q. What types of impacts on Summit 5 County were you able to identify? 6 A. Mostly on service utilization and 7 stuff and deaths. 8 Q. At any point in time while you were 9 at the ADM Board, did you analyze any causes of 10 the opioid epidemic? 11 A. Could you define causes for me? 12 Q. At any point, did you look at 13 anything that caused or started the opioid 14 epidemic? 15 A. I think that there is a, kind of 16 like, a jargon difference and stuff, as far as, 17 like, causation and stuff, and from speaking 18 earlier and stuff, when I say statistically 19 causation and stuff, that means we were doing 20 the statistical analysis and everything, but 21 causes, as far as like a contributing factor 22 and stuff, I would say that, yes, it definitely 23 was a contributing factor. 24 Q. And what was a contributing factor? 25 A. The opioids and stuff that people</p>

<p style="text-align: right;">Page 294</p> <p>1 had used.</p> <p>2 Q. At any point, did you look at any</p> <p>3 data to help identify what contributing factors</p> <p>4 led to the opioid epidemic?</p> <p>5 A. That led to the beginning of the</p> <p>6 opioid epidemic?</p> <p>7 Q. Huh-uh.</p> <p>8 A. No. I came kind of in the middle.</p> <p>9 Q. At what point in time did the</p> <p>10 opioid epidemic begin in Summit County?</p> <p>11 MS. KOUBA: Object to form.</p> <p>12 A. Could you say that again.</p> <p>13 Q. At what point in time did the</p> <p>14 opioid epidemic begin in Summit County?</p> <p>15 A. That I don't know exactly.</p> <p>16 Q. When did you first learn of the</p> <p>17 opioid epidemic in Summit County?</p> <p>18 A. When I started the job.</p> <p>19 Q. You hadn't heard of it before then?</p> <p>20 A. Not in Summit County, no.</p> <p>21 Q. Have you heard of it anywhere in</p> <p>22 Ohio?</p> <p>23 A. No.</p> <p>24 Q. When you first started at the ADM</p> <p>25 Board, did you do any sort of reading or</p>	<p style="text-align: right;">Page 296</p> <p>1 Q. Did you present the data dashboard</p> <p>2 PowerPoint at each meeting?</p> <p>3 A. No.</p> <p>4 Q. For what purpose did you create the</p> <p>5 PowerPoint? One is marked as Exhibit 5, if you</p> <p>6 would like to pull it out.</p> <p>7 For what purpose did you create</p> <p>8 that PowerPoint?</p> <p>9 A. To be presented at the quarterly</p> <p>10 meeting.</p> <p>11 Q. Quarterly meeting of what?</p> <p>12 A. The Opiate Task Force.</p> <p>13 Q. Exhibit 5 includes on the title</p> <p>14 Quarterly Stakeholders Meeting, and feel free</p> <p>15 to pull it out. You have got the original in</p> <p>16 your file -- or in your pile, rather.</p> <p>17 Do you know who the stakeholders</p> <p>18 are that are referred to in that title?</p> <p>19 A. I don't know them all, but it</p> <p>20 includes the public and the different</p> <p>21 subcommittees that belong to the Opiate Task</p> <p>22 Force.</p> <p>23 Q. Did you prepare the data dashboard</p> <p>24 PowerPoint on a quarterly basis?</p> <p>25 A. Yes.</p>
<p style="text-align: right;">Page 295</p> <p>1 research on your own to get up to speed on the</p> <p>2 work of the ADM Board?</p> <p>3 A. Yes, I did.</p> <p>4 Q. What type of reading or research</p> <p>5 did you do?</p> <p>6 A. Reading, as far as like reading</p> <p>7 prior files, and also research, as in talking</p> <p>8 to supervisors to understand, like, what has</p> <p>9 been going on.</p> <p>10 Q. For what purpose did you review the</p> <p>11 articles that you described earlier regarding</p> <p>12 opioids?</p> <p>13 A. My own curiosity.</p> <p>14 Q. Did you attend any opioid task</p> <p>15 force -- or Opiate Task Force meetings?</p> <p>16 A. Yes, I did.</p> <p>17 Q. How many?</p> <p>18 A. How many? Let me think. I would</p> <p>19 say, I can't think off the top of my head, but</p> <p>20 every Opiate Task Force meeting from June 2016</p> <p>21 until December of 2018.</p> <p>22 Q. So while you were employed by the</p> <p>23 ADM Board, you went to every Opiate Task Force</p> <p>24 meeting?</p> <p>25 A. Yes.</p>	<p style="text-align: right;">Page 297</p> <p>1 Q. Did you present it to the Opiate</p> <p>2 Task Force on a quarterly basis?</p> <p>3 MR. LEDLIE: Object to the form of</p> <p>4 the question.</p> <p>5 A. I didn't always present it.</p> <p>6 Q. Would anyone else present it?</p> <p>7 A. Yes.</p> <p>8 Q. Who else?</p> <p>9 A. Jerry.</p> <p>10 Q. About how many attendees were at</p> <p>11 each Opiate Task Force meeting that you</p> <p>12 attended?</p> <p>13 MS. KOUBA: Object to the form.</p> <p>14 A. I don't know exactly what the head</p> <p>15 count was.</p> <p>16 Q. At any point do you remember any</p> <p>17 discussion at any Opiate Task Force meeting</p> <p>18 about the causes of the opioid epidemic?</p> <p>19 A. I don't recall.</p> <p>20 Q. Do you know whether the ADM has</p> <p>21 ever engaged in an analysis on contributing</p> <p>22 factors to the opioid epidemic?</p> <p>23 A. I'm sorry. Could you repeat that.</p> <p>24 Q. Do you know whether the ADM has</p> <p>25 ever engaged in an analysis of contributing</p>

75 (Pages 294 - 297)

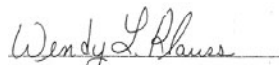
<p style="text-align: right;">Page 298</p> <p>1 factors to the opioid epidemic?</p> <p>2 MR. LEDLIE: Object to the form of</p> <p>3 the question.</p> <p>4 A. What do you mean by an analysis?</p> <p>5 Q. Any kind of analysis, data</p> <p>6 analysis.</p> <p>7 A. Any kind of analysis?</p> <p>8 Q. Uh-huh.</p> <p>9 A. Yes.</p> <p>10 Q. What?</p> <p>11 A. The analysis that I've done, as far</p> <p>12 as I know, about -- I'm not sure about the</p> <p>13 other staff members.</p> <p>14 Q. What analysis have you done that is</p> <p>15 of the contributing factors to the opioid</p> <p>16 epidemic?</p> <p>17 A. I'm sorry. Could you rephrase</p> <p>18 that.</p> <p>19 Q. So my question related to</p> <p>20 contributing factors to the opioid epidemic,</p> <p>21 and you mentioned that you had done some</p> <p>22 analysis at the ADM board on that. What</p> <p>23 analysis did you do on the contributing</p> <p>24 factors?</p> <p>25 A. Like there is different reports and</p>	<p style="text-align: right;">Page 300</p> <p>1 are attributable to prescription opioids?</p> <p>2 MS. KOUBA: Object to the form.</p> <p>3 A. Not to my knowledge.</p> <p>4 Q. Do you know whether the ADM has</p> <p>5 ever done an analysis of any relationship</p> <p>6 between prescription opioids and illicit opioid</p> <p>7 use?</p> <p>8 A. Not to my knowledge, no.</p> <p>9 Q. Do you agree that not all users of</p> <p>10 prescription opioids become addicted?</p> <p>11 A. What do you mean by addicted?</p> <p>12 Q. Addicted to opioids.</p> <p>13 A. Can you define addicted.</p> <p>14 Q. So we have talked about addiction</p> <p>15 and that opioids have addictive qualities,</p> <p>16 right?</p> <p>17 A. Uh-huh.</p> <p>18 Q. In that context, would you agree</p> <p>19 that not all users of prescription opioids</p> <p>20 become addicted?</p> <p>21 A. I'm not an expert in the field, so</p> <p>22 I can't state. I don't know.</p> <p>23 Q. You can't state one way or the</p> <p>24 other?</p> <p>25 A. No. I don't know.</p>
<p style="text-align: right;">Page 299</p> <p>1 stuff that I've done and stuff that talk in</p> <p>2 general and stuff about potential contributing</p> <p>3 factors.</p> <p>4 Q. What potential contributing factors</p> <p>5 have you identified?</p> <p>6 A. The involvement of different</p> <p>7 opiates and stuff that people were using.</p> <p>8 Q. Do you recall the title of any of</p> <p>9 the reports?</p> <p>10 A. No, I don't, not off the top of my</p> <p>11 head.</p> <p>12 Q. Those reports would be in the ADM</p> <p>13 records though?</p> <p>14 A. Yes, they are.</p> <p>15 Q. Do you recall about how many</p> <p>16 reports you prepared?</p> <p>17 MR. LEDLIE: Object to the form of</p> <p>18 the question.</p> <p>19 A. No, I don't know how many.</p> <p>20 Q. Did any of your analyses include</p> <p>21 prescription opioids as a contributing factor</p> <p>22 to the opioid epidemic?</p> <p>23 A. No, I don't believe so.</p> <p>24 Q. Do you know whether the ADM has</p> <p>25 conducted an analysis of whether opioid deaths</p>	<p style="text-align: right;">Page 301</p> <p>1 Q. Would you agree that not all users</p> <p>2 of illicit opioids at one point used a</p> <p>3 prescription opioid?</p> <p>4 A. That I don't know either.</p> <p>5 Q. Are you aware of any overdose</p> <p>6 deaths attributable to the use of a</p> <p>7 prescription opioid as it was prescribed?</p> <p>8 A. Can you repeat that again.</p> <p>9 Q. Sure. Are you aware of any</p> <p>10 overdose deaths attributable to the use of a</p> <p>11 prescription opioid as it was prescribed?</p> <p>12 A. No, I'm not aware of any.</p> <p>13 Q. Are there any substances other</p> <p>14 than -- strike that.</p> <p>15 Are there -- have you conducted any</p> <p>16 analysis of what substances contributed to the</p> <p>17 opioid epidemic?</p> <p>18 A. Yes.</p> <p>19 Q. What?</p> <p>20 A. What substances?</p> <p>21 Q. Huh-uh.</p> <p>22 A. The different types of opiates.</p> <p>23 Q. Such as heroin?</p> <p>24 A. Fentanyl, I believe, like, one of</p> <p>25 the reports talks about carfentanil, fentanyl,</p>

<p style="text-align: right;">Page 302</p> <p>1 OxyContin, stuff like that.</p> <p>2 Q. And when you say fentanyl, you are</p> <p>3 not making any distinction between prescription</p> <p>4 fentanyl and illicit fentanyl, right?</p> <p>5 A. No, I'm not, because I don't have</p> <p>6 that information.</p> <p>7 Q. Do you know whether there has been</p> <p>8 an increase in availability of illicit fentanyl</p> <p>9 in Summit County?</p> <p>10 MR. LEDLIE: Object to the form of</p> <p>11 the question.</p> <p>12 A. I'm not understanding the question.</p> <p>13 Q. Sure. I'll ask a different</p> <p>14 question.</p> <p>15 Do you know whether there was an</p> <p>16 increase in availability of illicit fentanyl in</p> <p>17 Summit County in 2015 to 2016?</p> <p>18 A. Not based on my analysis.</p> <p>19 Q. The OARRS database would not</p> <p>20 reflect illicit opioids, would it?</p> <p>21 A. No, it would not.</p> <p>22 Q. OARRS data is from prescription</p> <p>23 dispensing, right?</p> <p>24 A. Yes.</p> <p>25 Q. Have you ever reviewed any data</p>	<p style="text-align: right;">Page 304</p> <p>1 A. Yes, I would.</p> <p>2 MS. FEINSTEIN: Thank you, Mr.</p> <p>3 Hutzell. I don't have anything further at this</p> <p>4 time. I appreciate your time.</p> <p>5 THE WITNESS: Thank you.</p> <p>6 MS. FRANKLIN: Off the record.</p> <p>7 THE VIDEOGRAPHER: Off the record</p> <p>8 at 5:56.</p> <p>9 (Recess taken.)</p> <p>10 THE VIDEOGRAPHER: On the record,</p> <p>11 6:08.</p> <p>12 EXAMINATION OF ERIC HUTZELL</p> <p>13 BY MS. FRANKLIN:</p> <p>14 Q. Good afternoon, Mr. Hutzell.</p> <p>15 A. Good afternoon.</p> <p>16 Q. We are almost at the finish line.</p> <p>17 We met briefly this morning, but again my name</p> <p>18 is Shirlethia Franklin, and I represent</p> <p>19 defendant Walmart, Inc. in this matter.</p> <p>20 And the same house rules that we</p> <p>21 discussed earlier, my co-defendants discussed</p> <p>22 earlier, will still apply. So I won't repeat</p> <p>23 all of those for the sake of time, but I do</p> <p>24 want to let you know, if you don't understand a</p> <p>25 question that I asked, please ask me to</p>
<p style="text-align: right;">Page 303</p> <p>1 that tracks the amount of illicit opioids</p> <p>2 available in Summit County?</p> <p>3 A. No, I have not.</p> <p>4 Q. Do you know whether anyone at the</p> <p>5 ADM has after quantified or attempted to</p> <p>6 quantify the availability of illicit opioids in</p> <p>7 Summit County?</p> <p>8 A. Not to my knowledge.</p> <p>9 Q. For how long has the EPiCenter</p> <p>10 database been in use?</p> <p>11 A. That I don't know.</p> <p>12 Q. Have you ever seen any misleading</p> <p>13 statements regarding prescription opioids?</p> <p>14 A. Not that I'm aware of.</p> <p>15 Q. Just give me one second, I'm going</p> <p>16 to flip through my notes, but I think I'm</p> <p>17 almost done.</p> <p>18 Would you agree, Mr. Hutzell, that</p> <p>19 for some patients, prescription opioids can be</p> <p>20 appropriate?</p> <p>21 MS. KOUBA: Object to the form.</p> <p>22 A. That's beyond my expertise. I</p> <p>23 don't know.</p> <p>24 Q. Would you defer to a medical doctor</p> <p>25 for that conclusion?</p>	<p style="text-align: right;">Page 305</p> <p>1 rephrase it, I'm happy to do so.</p> <p>2 And I will be fairly brief, but if</p> <p>3 you need a break, happy to take a break as</p> <p>4 well.</p> <p>5 A. Okay.</p> <p>6 Q. I have just a few follow-up</p> <p>7 questions that I want to go over with you this</p> <p>8 afternoon.</p> <p>9 You testified earlier that you were</p> <p>10 not aware of the opioid abuse problem in Summit</p> <p>11 County prior to your arrival at the ADM Board;</p> <p>12 is that correct?</p> <p>13 MS. KOUBA: Objection to form.</p> <p>14 A. Yes.</p> <p>15 Q. And that was in July of 2016,</p> <p>16 right?</p> <p>17 A. Pardon me?</p> <p>18 Q. Your arrival to the ADM Board was</p> <p>19 in July 2017 -- 2016?</p> <p>20 A. No.</p> <p>21 Q. When did you arrive?</p> <p>22 A. May 2016.</p> <p>23 Q. May 2016. So you were not aware,</p> <p>24 prior to your arrival in May of 2016, correct,</p> <p>25 of the opioid problem in Summit County?</p>

<p style="text-align: right;">Page 306</p> <p>1 A. No.</p> <p>2 Q. Now, upon your arrival, as you were</p> <p>3 originating the data from the -- for the ADM</p> <p>4 Board, in the course of your work, did your</p> <p>5 data analysis reveal any information to you</p> <p>6 with respect to when the opioid epidemic began</p> <p>7 in Summit County?</p> <p>8 MR. LEDLIE: Object to the form of</p> <p>9 the question.</p> <p>10 A. No.</p> <p>11 Q. So no information from your</p> <p>12 evaluation of the data revealed to you a</p> <p>13 particular start point for the opioid epidemic?</p> <p>14 MS. KOUBA: Object to the form.</p> <p>15 A. No.</p> <p>16 Q. Okay. You testified earlier that</p> <p>17 you have not read the complaint in this matter.</p> <p>18 So I'm assuming that you did not have a role in</p> <p>19 deciding who would be the defendants in this</p> <p>20 case?</p> <p>21 A. No, I didn't.</p> <p>22 Q. So there is a group of defendants</p> <p>23 referred to as the national retail pharmacies.</p> <p>24 Do you know who those defendants are?</p> <p>25 A. No, I do not.</p>	<p style="text-align: right;">Page 308</p> <p>1 A. I don't know exactly.</p> <p>2 Q. Any professional contact or</p> <p>3 interaction with Rite Aid?</p> <p>4 A. That I don't know either.</p> <p>5 Q. Or Walgreens?</p> <p>6 A. That I don't know either.</p> <p>7 Q. Now, we discussed at length</p> <p>8 throughout the day various datasets related to</p> <p>9 opioid overdoses and deaths in Summit County,</p> <p>10 and I'm interested to know, in the various</p> <p>11 datasets that you evaluated in the course of</p> <p>12 your work, do you know how many drug overdoses</p> <p>13 or deaths included situations in which people</p> <p>14 misused prescription opioids?</p> <p>15 MS. KOUBA: Object to the form.</p> <p>16 A. Can you repeat that.</p> <p>17 Q. Sure. In the course of your work</p> <p>18 in evaluating the data for the ADM Board, do</p> <p>19 you know how many overdose deaths or deaths</p> <p>20 included situations in which people misuse</p> <p>21 prescription opioids?</p> <p>22 MS. KOUBA: Same objection.</p> <p>23 A. No, I don't.</p> <p>24 Q. Okay. How about how many overdose</p> <p>25 deaths were caused by altering the medication</p>
<p style="text-align: right;">Page 307</p> <p>1 Q. Have you heard of the national</p> <p>2 retail pharmacies?</p> <p>3 A. No, I haven't.</p> <p>4 Q. Are you aware that Summit County</p> <p>5 has sued Walmart in this matter?</p> <p>6 A. No, I haven't.</p> <p>7 Q. How about CVS?</p> <p>8 A. No.</p> <p>9 Q. Rite Aid?</p> <p>10 A. No.</p> <p>11 Q. Walgreens?</p> <p>12 A. No.</p> <p>13 Q. So I'm also assuming that you don't</p> <p>14 know when these entities were added as</p> <p>15 defendants in this case?</p> <p>16 A. No, I don't.</p> <p>17 Q. And you don't know why they are in</p> <p>18 the case?</p> <p>19 A. No, I don't.</p> <p>20 Q. In your former role with the ADM</p> <p>21 Board, have you ever had any professional</p> <p>22 contact with Walmart in the course of your</p> <p>23 work?</p> <p>24 A. No, I haven't.</p> <p>25 Q. What about CVS?</p>	<p style="text-align: right;">Page 309</p> <p>1 in some way, such as crushing or tampering with</p> <p>2 pills?</p> <p>3 Do you know, in the course of your</p> <p>4 data analysis, if there is a number of opioid</p> <p>5 deaths ever caused by altering the medication</p> <p>6 in any way?</p> <p>7 A. No, not from my analysis.</p> <p>8 Q. Do you know how many overdose</p> <p>9 deaths were caused by people simply taking too</p> <p>10 many of their prescription pills?</p> <p>11 MR. LEDLIE: Object to the form of</p> <p>12 the question.</p> <p>13 A. No, I don't. Not from my data</p> <p>14 analysis.</p> <p>15 Q. Do you know how many opioid</p> <p>16 overdose deaths were caused by a person taking</p> <p>17 a medication that had been prescribed to</p> <p>18 someone else?</p> <p>19 A. No, I don't know that.</p> <p>20 Q. Do you have any personal knowledge</p> <p>21 of improper prescriptions for opioids being</p> <p>22 written in Summit County?</p> <p>23 MS. KOUBA: Object to the form.</p> <p>24 A. Could you repeat that.</p> <p>25 Q. Do you have any personal knowledge</p>

<p style="text-align: right;">Page 310</p> <p>1 of any improper prescriptions for opioids being 2 written in Summit County? 3 A. What do you mean by personal 4 knowledge? 5 Q. Any knowledge that you are aware of 6 yourself either -- well, first personally, and 7 then one in the course of your work. 8 So let's start with personal 9 knowledge that you just happened to know of? 10 A. And what was the entire question? 11 Sorry. 12 Q. Sure. I'll repeat it. Do you have 13 any personal knowledge of improper 14 prescriptions for opioids being written in 15 Summit County? 16 A. What in Summit County? 17 Q. Improper prescriptions for opioids. 18 A. Did you say written? 19 Q. Yes. 20 A. Personal knowledge, yes. 21 Q. Okay. And can you tell me about 22 that knowledge? 23 A. Just from newspaper articles. 24 Q. And what articles, in particular, 25 are you referring to?</p>	<p style="text-align: right;">Page 312</p> <p>1 A. They were discussions in different 2 stakeholder meetings. 3 Q. And what were those discussions? 4 A. The discussions were with Dr. Doug 5 Smith and Kimberly Patton, as far as their take 6 on what -- what was being done with, like, 7 prescription medications. 8 Q. And do you recall the substance of 9 that discussion? 10 A. No, I don't know exactly. I don't 11 recall exactly that. 12 Q. Were there any details presented or 13 that you recall about how many improper 14 prescriptions were written in Summit County? 15 A. No, I don't know. 16 Q. What about who wrote those improper 17 prescriptions? 18 A. No, I don't know that. 19 Q. Any detail about the particular 20 substance or drug? 21 A. No, I don't know that. 22 Q. In the course of your data 23 evaluation, have you identified any overdose 24 deaths from prescription opioids where the 25 person was taking the medication consistent</p>
<p style="text-align: right;">Page 311</p> <p>1 A. I don't know the name of the exact 2 article and stuff, but I know there has been 3 articles written about how the doctors have 4 prescribed medications out of their cars and, 5 you know, had been arrested for writing 6 prescriptions that they shouldn't have. 7 Q. And do you know any details about 8 those doctors or any other details about the 9 contents of the articles? 10 A. No, I don't. 11 Q. And you specifically asked -- when 12 I said do you have personal knowledge, you 13 asked personal knowledge, so I'm going to ask 14 do you have any other knowledge, maybe 15 professional knowledge, of improper 16 prescriptions for opioids being written in 17 Summit County, any knowledge gained through the 18 course of your work with the ADM Board? 19 A. As far as professional knowledge 20 and stuff, yes. 21 Q. Can you repeat that? 22 A. Yes, I do have, like, professional 23 knowledge. 24 Q. Okay. Can you tell me the basis of 25 that knowledge?</p>	<p style="text-align: right;">Page 313</p> <p>1 with their doctor's instruction? 2 MR. LEDLIE: Object. 3 MS. KOUBA: Object to the form. 4 A. Could you repeat that. 5 Q. Sure. In the course of your data 6 evaluation, have you identified any overdose 7 deaths from prescription opioids where the 8 person was taking the medication consistent 9 with their doctor's instruction? 10 A. From my data analysis and stuff, 11 no. 12 Q. And you testified earlier that you 13 are not aware, other than the presence of the 14 lawyers sitting here, of the defendants in this 15 lawsuit, correct? 16 A. Correct. 17 Q. So you cannot, as you sit here 18 today, you cannot link any overdose deaths in 19 Summit County to any particular defendant in 20 this case; is that correct? 21 MS. KOUBA: Objection to the form. 22 MR. LEDLIE: Object to the form. 23 A. Can you rephrase that, please. 24 Q. Sure. So is it -- you testified 25 earlier that you're not aware of the defendants</p>

<p style="text-align: right;">Page 314</p> <p>1 in this case, and we have asked you about a 2 number of the defendants. 3 So is it fair to say that you 4 cannot link any of the overdose deaths in 5 Summit County directly to any particular 6 defendants in this case? 7 MR. LEDLIE: Same objection. 8 A. Not from my analysis. 9 Q. And a similar question, you cannot 10 link any overdose deaths for prescriptions 11 filled in Summit County by any of the national 12 retail defendants? 13 A. Not from my analysis. 14 Q. You're not aware of any patient who 15 overdosed with prescription opioids from 16 Walmart, are you? 17 A. No. 18 Q. Okay. And the same is true for any 19 other retail pharmacy defendants that we 20 mentioned earlier? 21 A. None that somebody has said, no. 22 Q. And you cannot identify any 23 individual in Summit County who died because of 24 prescription opioids that were properly 25 distributed by Walmart or any of the other</p>	<p style="text-align: right;">Page 316</p> <p>1 made by Walmart or retail pharmacy defendants 2 actually caused or contributed to the opioid 3 crisis in Summit County, correct? 4 MR. LEDLIE: Object to the form of 5 the question. 6 A. No. 7 Q. Okay. Now, earlier we talked a 8 little bit about budgeting, and you testified 9 that you didn't have any involvement in 10 budgeting matters in your role as research and 11 quality improvement coordinator for the ADM 12 Board; is that correct? 13 A. No, that's not correct. 14 Q. Okay. I can read the testimony 15 back to you, if that's helpful. 16 A. Well, when you say like budgeting 17 matters and stuff, like I stated earlier and 18 stuff, I did budgeting, but as far as the 19 Janssen research project. 20 Q. Right. So you testified that you 21 never looked at budgets, other than that 22 contract you had for the research project; is 23 that correct? 24 A. Yes. I never did analysis on 25 those.</p>
<p style="text-align: right;">Page 315</p> <p>1 defendants in this case; is that correct? 2 MS. KOUBA: Object to the form. 3 A. Not from my analysis. 4 Q. And you can't identify any public 5 statements made by Walmart regarding 6 prescription opioids, can you? 7 A. No, I can't. 8 Q. Is the same true for the other 9 retail defendants in this case -- 10 A. Yes -- 11 Q. -- retail pharmacy defendants? 12 A. -- that would be true, yes. 13 Q. Okay. And just for clarification 14 purposes, when I say the other retail pharmacy 15 defendants, I mean CVS, Rite Aid, and 16 Walgreens? 17 A. That was my understanding too. 18 Q. Great. And you're not here today 19 to tell us or the jury that anything Walmart or 20 any of the other retail pharmacy defendants 21 said publicly about prescription opioids caused 22 the opioid crisis in Summit County, are you? 23 A. I'm sorry. Could you repeat that? 24 Q. So you are not here today to 25 testify as to whether any public statements</p>	<p style="text-align: right;">Page 317</p> <p>1 Q. And that research project, just to 2 confirm, was not related to opioids, correct? 3 A. No, it was not. 4 Q. So is it fair to say that you have 5 not prepared any summaries of costs that Summit 6 County attributes to the opioid crisis? 7 A. No, I have not. 8 Q. And is it also fair to say that you 9 cannot identify any specific costs that you can 10 attribute to the actions of any particular 11 defendants in this case, correct? 12 A. I apologize. Could you restate 13 that question. 14 Q. Sure. Sure. So is it also fair to 15 say that you cannot identify any specific costs 16 that can be attributed to the actions of any 17 particular defendant in this case? 18 A. Are you saying cause or costs? 19 Q. Costs, costs. Forgive me, it's my 20 Mississippi accent. Costs, C-O-S-T-S. 21 A. Okay. Yes, I don't have any 22 information about that. 23 Q. Okay. Thank you. I think this is 24 probably the first time Mississippi appears in 25 one of these depositions.</p>

<p style="text-align: right;">Page 318</p> <p>1 A. Sorry.</p> <p>2 MS. FRANKLIN: Okay. Well, thank</p> <p>3 you so much for your time. I don't have any</p> <p>4 further questions. Have a great evening.</p> <p>5 THE WITNESS: You too.</p> <p>6 THE NOTARY: On the phone, anybody</p> <p>7 on the phone have questions?</p> <p>8 A VOICE: No. Thank you, guys.</p> <p>9 THE VIDEOGRAPHER: Off the record,</p> <p>10 6:22.</p> <p>11 (Deposition concluded at 6:22 p.m.)</p> <p>12 - - - - -</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>	<p style="text-align: right;">Page 320</p> <p>1 REPORTER'S CERTIFICATE</p> <p>2 The State of Ohio,)</p> <p>3 SS:</p> <p>4 County of Cuyahoga.)</p> <p>5</p> <p>6 I, Wendy L. Klauss, a Notary Public</p> <p>7 within and for the State of Ohio, duly</p> <p>8 commissioned and qualified, do hereby certify</p> <p>9 that the within named witness, ERIC HUTZELL,</p> <p>10 was by me first duly sworn to testify the</p> <p>11 truth, the whole truth and nothing but the</p> <p>12 truth in the cause aforesaid; that the</p> <p>13 testimony then given by the above-referenced</p> <p>14 witness was by me reduced to stenotypy in the</p> <p>15 presence of said witness; afterwards</p> <p>16 transcribed, and that the foregoing is a true</p> <p>17 and correct transcription of the testimony so</p> <p>18 given by the above-referenced witness.</p> <p>19 I do further certify that this</p> <p>20 deposition was taken at the time and place in</p> <p>21 the foregoing caption specified and was</p> <p>22 completed without adjournment.</p> <p>23</p> <p>24</p> <p>25</p>
<p style="text-align: right;">Page 319</p> <p>1 Whereupon, counsel was requested to give</p> <p>2 instruction regarding the witness's review of</p> <p>3 the transcript pursuant to the Civil Rules.</p> <p>4</p> <p>5 SIGNATURE:</p> <p>6 Transcript review was requested pursuant to the</p> <p>7 applicable Rules of Civil Procedure.</p> <p>8</p> <p>9 TRANSCRIPT DELIVERY:</p> <p>10 Counsel was requested to give instruction</p> <p>11 regarding delivery date of transcript.</p> <p>12</p> <p>13</p> <p>14</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>	<p style="text-align: right;">Page 321</p> <p>1 I do further certify that I am not</p> <p>2 a relative, counsel or attorney for either</p> <p>3 party, or otherwise interested in the event of</p> <p>4 this action.</p> <p>5 IN WITNESS WHEREOF, I have hereunto</p> <p>6 set my hand and affixed my seal of office at</p> <p>7 Cleveland, Ohio, on this 11th day of</p> <p>8 January, 2019.</p> <p>9</p> <p>10</p> <p>11</p> <p>12</p> <p>13 </p> <p>14 Wendy L. Klauss, Notary Public</p> <p>15 within and for the State of Ohio</p> <p>16</p> <p>17 My commission expires July 13, 2019.</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>

<p style="text-align: right;">Page 322</p> <p>1 Veritext Legal Solutions 1100 Superior Ave 2 Suite 1820 3 Cleveland, Ohio 44114 4 Phone: 216-523-1313 5 6 January 11, 2019 7 To: Annie E. Kouba 8 9 Case Name: In Re: National Prescription Opiate Litigation v. 10 Veritext Reference Number: 3182076 11 Witness: Eric Hutzell Deposition Date: 1/8/2019 12 13 Dear Sir/Madam: 14 15 Enclosed please find a deposition transcript. Please have the witness 16 review the transcript and note any changes or corrections on the 17 included errata sheet, indicating the page, line number, change, and 18 the reason for the change. Have the witness' signature notarized and 19 forward the completed page(s) back to us at the Production address 20 shown 21 above, or email to production-midwest@veritext.com. 22 23 If the errata is not returned within thirty days of your receipt of 24 this letter, the reading and signing will be deemed waived. 25 Sincerely, 26 Production Department 27 28 NO NOTARY REQUIRED IN CA</p>	<p style="text-align: right;">Page 324</p> <p>1 DEPOSITION REVIEW 2 CERTIFICATION OF WITNESS 3 4 ASSIGNMENT REFERENCE NO: 3182076 5 CASE NAME: In Re: National Prescription Opiate Litigation v. 6 DATE OF DEPOSITION: 1/8/2019 7 WITNESS' NAME: Eric Hutzell 8 In accordance with the Rules of Civil 9 Procedure, I have read the entire transcript of 10 my testimony or it has been read to me. 11 I have listed my changes on the attached 12 Errata Sheet, listing page and line numbers as 13 well as the reason(s) for the change(s). 14 I request that these changes be entered 15 as part of the record of my testimony. 16 17 I have executed the Errata Sheet, as well 18 as this Certificate, and request and authorize 19 that both be appended to the transcript of my 20 testimony and be incorporated therein. 21 22 Date _____ Eric Hutzell 23 24 Sworn to and subscribed before me, a 25 Notary Public in and for the State and County, the referenced witness did personally appear and acknowledge that: They have read the transcript; They have listed all of their corrections in the appended Errata Sheet; They signed the foregoing Sworn Statement; and Their execution of this Statement is of their free act and deed. I have affixed my name and official seal this _____ day of _____, 20____. _____ Notary Public _____ Commission Expiration Date</p>
<p style="text-align: right;">Page 323</p> <p>1 DEPOSITION REVIEW 2 CERTIFICATION OF WITNESS 3 4 ASSIGNMENT REFERENCE NO: 3182076 5 CASE NAME: In Re: National Prescription Opiate Litigation v. 6 DATE OF DEPOSITION: 1/8/2019 7 WITNESS' NAME: Eric Hutzell 8 In accordance with the Rules of Civil 9 Procedure, I have read the entire transcript of 10 my testimony or it has been read to me. 11 I have made no changes to the testimony 12 as transcribed by the court reporter. 13 14 Date _____ Eric Hutzell 15 Sworn to and subscribed before me, a 16 Notary Public in and for the State and County, 17 the referenced witness did personally appear 18 and acknowledge that: 19 They have read the transcript; 20 They signed the foregoing Sworn 21 Statement; and 22 Their execution of this Statement is of 23 their free act and deed. 24 25 I have affixed my name and official seal this _____ day of _____, 20____. _____ Notary Public _____ Commission Expiration Date</p>	<p style="text-align: right;">Page 325</p> <p>1 ERRATA SHEET 2 VERITEXT LEGAL SOLUTIONS MIDWEST 3 ASSIGNMENT NO: 1/8/2019 4 PAGE/LINE(S) / CHANGE /REASON 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10 _____ 11 _____ 12 _____ 13 _____ 14 _____ 15 _____ 16 _____ 17 _____ 18 _____ 19 _____ 20 Date _____ Eric Hutzell 21 SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ 22 DAY OF _____, 20____. 23 _____ 24 Notary Public 25 _____ Commission Expiration Date</p>

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Federal Rules of Civil Procedure

Rule 30

(e) Review By the Witness; Changes.

(1) Review; Statement of Changes. On request by the deponent or a party before the deposition is completed, the deponent must be allowed 30 days after being notified by the officer that the transcript or recording is available in which:

(A) to review the transcript or recording; and

(B) if there are changes in form or substance, to sign a statement listing the changes and the reasons for making them.

(2) Changes Indicated in the Officer's Certificate. The officer must note in the certificate prescribed by Rule 30(f)(1) whether a review was requested and, if so, must attach any changes the deponent makes during the 30-day period.

DISCLAIMER: THE FOREGOING FEDERAL PROCEDURE RULES ARE PROVIDED FOR INFORMATIONAL PURPOSES ONLY.

THE ABOVE RULES ARE CURRENT AS OF SEPTEMBER 1, 2016. PLEASE REFER TO THE APPLICABLE FEDERAL RULES OF CIVIL PROCEDURE FOR UP-TO-DATE INFORMATION.

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COMPANY CERTIFICATE AND DISCLOSURE STATEMENT

Veritext Legal Solutions represents that the foregoing transcript is a true, correct and complete transcript of the colloquies, questions and answers as submitted by the court reporter. Veritext Legal Solutions further represents that the attached exhibits, if any, are true, correct and complete documents as submitted by the court reporter and/or attorneys in relation to this deposition and that the documents were processed in accordance with our litigation support and production standards.

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